

Unannounced Care Inspection

Name of Establishment:	Hillview Lodge
RQIA No:	1201
Date of Inspection:	29 October 2014
Inspector's Name:	Bridget Dougan and Sharon Loane
Inspection ID:	IN017142

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

1.0 General Information

Name of Home:	Hillview Lodge
Address:	23 Old Mountfield Road Omagh BT79 7EL
Telephone Number:	028 8225 1125
E mail Address:	hillcrestcarefacility@hotmail.co.uk
Registered Organisation/ Registered Provider:	Mrs Bernadette Kiernan O'Donnell
Registered Manager:	Mrs Julie Taylor (Registered Manager of sister home Hillcrest Care Facility)
Person in Charge of the home at the time of Inspection:	Mrs Julie Taylor
Categories of Care:	NH-I NH-DE – (4)
Number of Registered Places:	20
Number of Patients Accommodated on Day of Inspection:	19
Scale of Charges (per week):	£567.00
Date and type of previous inspection:	10 February 2014 Secondary Unannounced
Date and time of inspection:	29 October 2014: 10.30 hours – 17.30 hours
Name of Inspector:	Bridget Dougan

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 nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and 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. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (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: amend as relevant

- Discussion with the manager
- Discussion with staff
- Discussion with patients individually
- Discussion with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback.

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	19
Staff	8
Relatives	6
Visiting Professionals	0

Questionnaires were provided (by the inspector), during the inspection, to patients / residents, their representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients	8	8
Relatives/Representatives	6	6
Staff	8	8

6.0 Inspection Focus

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

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance Statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Hillview Lodge provides care for up to 20 patients.

The home is registered to provide care in the following categories:

Nursing

I - Old age not falling within any other category

DE - Dementia for four patients

The home comprises of 18 single bedrooms (six with ensuite) and one double ensuite bedroom which is currently being used as a single room. The home also comprises of a main kitchen, a quiet room, laundry, bathrooms, shower and toilet facilities, sitting rooms on each floor, general office and staff rooms.

The home is a two storey building with access to the first floor via a through floor lift and stairs.

The RQIA's certificate of registration was appropriately displayed in the entrance hall of the home.

8.0 Executive Summary

The unannounced secondary inspection of Hillview Lodge was undertaken by Bridget Dougan and Sharon Loane on 29 October 2014 between 10.30 – 17.30 hours. The inspection was facilitated by Mrs Julie Taylor, Manager (registration pending). Mrs Taylor was available for verbal feedback at the conclusion of the inspection.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous care inspection on 10 February 2014.

Analysis of other documentation including the returned QIP from the previous care inspection confirmed that sufficient information had been provided.

During the course of the inspection, the inspectors met with patients, relatives and staff, who commented positively on the care and services provided by the nursing home. A training issue was identified following discussion with one member of staff and a recommendation has been made.

The inspectors reviewed a sample of care records. There was evidence that a continence assessment had been completed for all patients, however the information provided was not comprehensive and a recommendation has been made. The inspectors acknowledged that skin care plans were in place for all patients and made reference to continence care. However, it is recommended that a specific care plan for the management of continence should be in place to meet the patients assessed needs and these care plans should be audited regularly.

From a review of the available evidence, discussion with relevant staff and observation, the inspectors can confirm that the level of compliance with the standard inspected was moving towards compliance.

The home's general environment was comfortable and maintained to a good standard of hygiene. A number of issues with regard to infection prevention and control were identified and a recommendation has been made.

Patients were generally well presented with their clothing suitable for the season. However, three patients' finger nails needed attention. Following discussion with the manager after the inspection, it was agreed that patients preferences regarding personal care would be included in their care plans.

Following observation and discussion with staff, a requirement has been made for the manager to 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.

A requirement has also been made for the manager to 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.

The inspectors observed that no activities took place at the time of this inspection and were informed that the activities co-ordinator was on long term leave. There was evidence, however that the home had been decorated for Halloween. A recommendation has been made with regard to the provision of activities.

The inspectors can confirm that at the time of this inspection, the delivery of care to patients was evidenced to be of an acceptable standard.

The inspectors reviewed and validated the home's progress regarding the two requirements and two recommendations made at the previous inspection and confirmed compliance outcomes as follows: All previous requirements and recommendations had been fully complied with.

As a result of this inspection, two requirements and nine recommendations have been made.

Details can be found throughout the report and in the quality improvement plan (QIP).

The inspectors would like to thank the manager, patients, relatives and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	27 (2) (b)	<p>The registered person shall ensure that the following environmental issues are addressed:</p> <ul style="list-style-type: none"> • Replace identified chipped bedroom furniture • Replace identified toilet door • Replace identified patient's bedroom carpet • Repaint identified patient's bedroom ceiling • Repaint identified patients bedrooms. 	<p>Inspection of the internal environment of the nursing home and discussion with the home manager evidenced that this requirement had been complied with.</p>	Compliant
2	20 (1) (c) (i)	<p>The registered person shall ensure that newly appointed registered nurses receive training in record keeping.</p>	<p>Review of staff training records and discussion with the manager evidenced that this requirement had been complied with.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	20.4	It is recommended that records are held to evidence staff competencies in cardiopulmonary resuscitation.	This recommendation was discussed with the manager who informed the inspectors that competencies in cardiopulmonary resuscitation are assessed by the WHSC Trust training manager at the time of the training. This was evidenced during a review of staff training records.	Compliant
2	20.4	It is recommended that a staff evaluation is maintained on First Aid and cardio pulmonary resuscitation.	The manager informed the inspectors that staff evaluation is completed following all training. This was evidenced during a review of staff training records.	Compliant

9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding potential safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: <p>Review of five patients care records evidenced that while bladder and bowel continence assessments were undertaken for all patients, these assessments were not comprehensive as they did not specify patients' normal bowel pattern or the type of continence products to be used. A recommendation has been made accordingly.</p> <p>There was evidence in care records that bladder and bowel assessments were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>The inspectors acknowledged that skin care plans were in place for all patients and made reference to continence care. However, it is recommended that a specific care plan for the management of continence should be in place to meet the patients assessed needs and these care plans should be audited regularly.</p> <p>The patients' fluid requirements and dignity were addressed in the care plans inspected.</p> <p>Review of five patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.</p>	Moving towards compliance

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

The inspectors can confirm that the following policies and procedures were in place:

- Incontinence management (dated 31 December 2003)
- Catheter care (no date on policy).

A recommendation has been made that the incontinence management and catheter care policies should be 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.

The inspectors can also confirm that the following guideline documents were in place:

RCN continence care guidelines

NICE guidelines on the management of urinary incontinence

NICE guidelines on the management of faecal incontinence.

Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the manager and review of training records evidenced that relevant staff had been trained and assessed as competent in catheter care. Discussion with the manager revealed that while the registered nurses in the home were deemed competent in female catheterisation, they had not been deemed competent in the management of male catheterisation. A recommendation is made in this regard.	Substantially compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed	Moving towards compliance
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11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff members were noted to communicate with patients in a dignified and respectful manner.

Patients were generally well presented with their clothing suitable for the season. However, three patients' finger nails needed attention. Following discussion with the manager after the inspection, it was agreed that patients preferences regarding personal care would be included in their care plans.

Staff were observed to respond to patients requests promptly. However, the inspectors observed one patient who was distressed and needed assistance. The patient expressed discomfort as a result of sitting in a wheel chair for a long period of time. This was immediately brought to the attention of staff who assisted the patient in a timely manner. The inspectors observed that the majority of patients were sitting in their wheel chairs from the beginning of the inspection (approx. 10.45 hours) until after lunch time (approx. 13.00 hours). Conversation with staff identified that patients remained in their wheel chairs for the duration of the morning and, following lunchtime, they transferred to comfortable seating where they remained throughout the day. A requirement has been made for the manager to 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.

11.2 Meals and Meal Times

The inspectors observed the serving of the lunch time meal. The meal service was not well managed as there was no evidence that it was supervised by a senior member of staff. On the day of the inspection there was no evidence that patients were offered a choice of meal or that the menu displayed in the dining room reflected the meal being served.

The manager must 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.

The inspectors observed one member of staff seated between two patients and assisting both patients with their meals at the same time. Another patient in the dining room required a plate guard which had not been provided.

Patient meals and meal times were discussed with staff who informed the inspectors that all patients were provided with breakfast in their bedrooms as assisting patients to the dining room for breakfast "did not work out". Inspectors were concerned that this practice may not reflect the expressed wishes of all patients in the home. This was discussed with the manager during feedback and again with the manager and the group manager, Mrs Therese McGarvey at a meeting following the inspection. Inspectors were informed that consultation had taken place with patients and their representatives regarding the location, timing and choice of meals and any suggestions for improvement were addressed. The inspectors will review the evidence of this consultation at the next inspection. One requirement has been made with regard to meals and meal times.

11.3 Provision of Activities

The inspectors observed that no activities took place at the time of this inspection. The provision of activities was discussed with staff members and the manager. Inspectors were informed that an activities co-ordinator was employed to work between three homes within the group and which share the same site. However the activities co-ordinator was on long term leave and had not been replaced. There was evidence within the home to ensure that patients knew the time of year. The home was seasonally decorated for Halloween at the time of the inspection. Discussion with the manager evidenced that there were tentative plans in place for additional activities provision. The inspectors recommend that the manager ensures the provision of activities until these additional activity resources are put in place.

11.4 Patients Views

During the inspection the inspectors spoke to all patients individually and eight patients completed questionnaires. The majority of patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. One patient commented that on occasions staff were slow to respond to requests for assistance. The same patient stated that staff did not always knock on their bedroom door before entering. This was discussed with the manager who has agreed to address the issues raised. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home. Examples of patients' comments were as follows:

- "I'm happy here. Staff are all very nice."
- "I would like a shower every day."
- "The staff are all very good."

11.5 Relatives Views

The inspectors were able to meet with six relatives who were visiting at the time of the inspection. These relatives also completed questionnaires. All the relatives were very complementary of the standard of care and services provided. Examples of relatives' comments were as follows:

- "Very homely, welcoming atmosphere."
- "Staff make us all feel welcome."
- "Care is excellent."
- "Staff are extremely efficient and very friendly. Lovely family atmosphere."

11.6 Staffing /Staff Comments

Review of a sample of staff duty rosters for a three week period spanning the week of the inspection and the previous two weeks evidenced that, while staffing levels over the 24 hour period were in keeping with RQIA's Staffing guidance for Nursing Homes (2009), there was a deficit in staffing levels between 19.00 – 20.00 hours each day. However, there was no evidence that this was having an impact on the quality of care provided.

In order to meet the minimum staffing guidelines, a ratio of one staff member to six patients should be maintained between 14.00 and 20.00 hours. Accordingly to these guidelines, for the number of patients accommodated in the home, a minimum of four staff (one nurse and three

care assistants) should have been on duty between 14.00 and 20.00 hours each day. However, the inspectors observed that the following staff were on duty:

- 14.00 – 18.00 hours: one nurse and four care assistants
- 18.00 – 19.00 hours: one nurse and three care assistants
- 19.00 – 20.00 hours: one nurse and two care assistants.

This was discussed with the manager who informed the inspectors that, following a recent staff survey, the company were planning to introduce a twilight shift each day.

During the inspection the inspectors spoke with eight staff members. The inspectors were able to speak to a number of these staff individually and in private. Eight staff also completed questionnaires. Staff responses in discussion and in the returned questionnaires 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. Discussion with one member of staff however, indicated a need for further training in dementia awareness and patient dignity and human rights. The registered manager should review the training provided to the identified member of staff and ensure all relevant training is up to date.

Examples of staff comments were as follows:

- “The residents in Hillview are looked after with so much care and respect.”
- “The nurses and care assistants have knowledge of all residents’ individual needs and likes.”
- “The quality of care in the home is great.”
- “I feel that every patient is looked after to the highest degree and we always find time to chat and listen to patients.”

11.7 Management and Control of Operations

The Manager, Mrs Julie Taylor is also the registered manager for Hillcrest, a sister home on the same site as Hillview Lodge. The manager informed the inspectors that her time is divided between the two homes. While Mrs Taylor is a very experienced manager, this arrangement has the potential to impact on her ability to fulfil her managerial functions in a timely manner. Staff duty rotas did not reflect the number of managerial hours allocated to Hillview Lodge.

This was discussed with senior managers within RQIA following the inspection and the registered person will be invited to attend a meeting to discuss management arrangements.

11.8 Environment

The inspectors undertook an inspection of the premises and viewed the majority of the patients’ bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and maintained to a good standard of hygiene. The following infection control issues were identified and discussed with the manager who agreed to address them:

- The carpet in an identified patients bedroom was stained

- The veneer was worn, exposing bare wood on a number of vanity units in bedrooms, making it difficult to clean the vanity units effectively
- There was inappropriate storage of boxes of incontinence products in a bathroom.

A recommendation has been made in this regard.

11.9 Health and Safety

The inspectors observed that the sluice room door was unlocked during the inspection. Cleaning chemicals were stored in this room. This was brought to the attention of staff who immediately responded. The manager should ensure that this practice is kept under review.

A number of topical creams were observed in patients' bedrooms and a number of these had no labels to indicate what the contents were. There was also evidence of creams which had been prescribed for one patient having been shared with other patients. It is recommended that staff risk assess the storage of creams in bedrooms. Creams should only be used for one person.

11.10 Complaints

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the manager and reviewed the complaint record. This evidenced that complaints were managed in a timely manner and in accordance with legislative requirements.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to 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.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Bridget Dougan
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.1 A pre-assessment visit is completed by the group/nurse manager prior to admission to the home. From this a risk assessment and plan of care can be implemented to meet the patients needs. Social worker also provides a NISAT report and copies of any relevant reports, i.e. medical, nursing, OT, Physio etc. 5.2 A comprehensive, holistic assessment of patients care needs are completed within 24hrs of admission using validated assessment tools. 8.1 A MUST assessment is carried out on admission. Appropriate action is then taken according to score, monthly weights and MUST are continued on more regular basis if indicated. 11.1 Skin inspection carried out on admission to	Compliant

<p>identify any changes in skin condition. Other related assessments include Braden, incontinence and pain assessments. Appropriate careplans established and referrals to fellow professionals, i.e. dietitian, SALT, TVN etc.</p>	
Section B	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 5.3</p> <ul style="list-style-type: none"> • A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional. <p>Criterion 11.2</p> <ul style="list-style-type: none"> • There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability. <p>Criterion 11.3</p> <ul style="list-style-type: none"> • Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals. <p>Criterion 11.8</p> <ul style="list-style-type: none"> • There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration. <p>Criterion 8.3</p> <ul style="list-style-type: none"> • There are referral arrangements for the dietitian to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations13 (1);14(1); 15 and 16</p>	
<p>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>

<p>5.3 A Named nurse and key worker system is operational within the home. The named nurse is responsible for the planning of care to meet individual patient needs. The patient and next of kin are kept updated of changes in condition and adjusted care plans. Other relevant health professionals are also kept fully informed. Careplans are based on individual care needs and we endeavour to give patient centred care at all times. 11.2 When a patient is admitted with a wound or pressure ulcer or same develops the TVN is contacted and referral completed. Other relevant health professionals are also utilised if necessary, i.e. dietitian, podiatrist, diabetic nurse specialist & palliative care nurse. 11.3 Where a patient is at risk of developing a pressure ulcer, a full body mapping is carried out. Braden and MUST scores are recorded and risks identified. If a pressure ulcer develops a careplan is implemented, wound observation chart commenced and appropriate pressure care equipment used. TVN/Dietitians are contacted and referral made for advice/intervention. All relevant professionals and family are kept fully informed of plan of care. 11.8 For patients who are at risk or have lower limb or foot ulceration, relevant health professionals are available - Podiatrist/diabetic foot specialists/TVNs can accept referrals and appropriate treatment, care and expertise availed of</p>	Compliant
Section C	
<p>Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.</p>	
<p>Criterion 5.4</p> <ul style="list-style-type: none"> • Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16</p>	
<p>Provider's assessment of the nursing home's compliance level against the criteria assessed within this section</p>	<p>Section compliance level</p>
<p>5.4 Re-assessment is ongoing. Daily report written twice daily addressing aspects of patients care needs, ongoing concerns, appointments etc. Careplans updated regularly to reflect care given. Careplans are altered in accordance with the changing needs of patients. Documentation is contemporaneous dated, timed and signed by relevant staff</p>	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.5 Nursing interventions, activities and procedures undertaken are supported by evidence & guidelines, e.g. DHSSPS minimum standards, NMC literature, NICE guidelines, infection control & safeguarding guidelines etc. Policies and procedures are regularly reviewed to concur with new evidence and guidance advice and opinions sought regularly from other health care professionals in provision of relevant and appropriate care & intervention.</p> <p>11.4 NICE/RCN guidelines available within the home and used as guidance for grading and treatment in conjunction with Braden and MUST assessments. A person centred care plan is then established to monitor progress and evaluate treatment.</p> <p>8.4 Nutritional Guidelines and Menu checklists are held in the home and staff are aware of other guidelines including NICE nutritional Guidelines and GAIN documents. Likes and dislikes for all patients are taken into account.</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient are reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.6 All nursing records are contemporaneous and recorded in a legible manner to meet NMC standards. Daily records held give clear details of patients care, condition and identified problems, contact with GP, SW, CPN etc recorded and advice treatment prescribed. Documentation is dated, timed and signed on entries. Signature accompanied by designation. Copy of staff signatures held by home manager.</p> <p>12.11 Records kept of daily menus, menus go out for all meals and choices available. Fluid and food charts are recorded as required. Dietary and fluid intake are monitored where patient is at risk or food/fluid intake decreased.</p> <p>12.12 Where a patient is unable or does not eat they are commenced on food and fluid intake chart. Any problems or concerns are reported to staff nurse following each meal and action taken where necessary. Staff will link with GP and dietitian where dietary intake presents as insufficient or excessive. Any swallowing or choking episodes are referred to SALT.</p>	Compliant

Section F	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.7 <ul style="list-style-type: none"> The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives. Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
5.7 Care is reviewed daily and careplan changed if appropriate. Care reviews are held with SW, NOK and Multidisciplinary team 6-8 weeks after admission, 6 Monthly and annually to review all aspects of care and give open forum of discussion. This meeting allows everyone involved to determine if placement and care is appropriate. Social worker will visit 4 weekly to monitor all reviews, visits and care is clearly documented. The client and/or family members are involved in discussion around care and encouraged to sign care records. Documentation is dated, timed and signed at each entry.	Compliant
Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes 	

<p>are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals.</p> <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>5.8 Clients and their representatives are invited to all reviews. This allows them to give their opinion on care given or voice concerns. Some clients do not wish to attend but are actively encouraged. Records of meetings are held in the clients file. Meetings can be held in quiet room or patients bedroom as desired. Clients and/or next of kin are encouraged to sign care and review documents.</p> <p>5.9 Review forms are retained in clients file, the outcomes are shared with staff and changes to careplans where appropriate. Family and SW kept informed of changes. Progress and resolution, referrals to and involvement of other health care professionals to be included and followed up, there should be a clear pathway of care.</p>	<p>Compliant</p>
Section H	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 12.1</p> <ul style="list-style-type: none"> Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines. <p>Criterion 12.3</p> <ul style="list-style-type: none"> The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)</p>	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>12.1 Patients are given a menu choice of varied diet each day. Patients likes/dislikes are catered for. Menus are completed using National Guidelines and menu checklist. Patients specific ethnic, cultural and religious requirements are taken into account. Residents with specific dietary requirements have copy of dietitians advice in the kitchen and in personal notes. 12.3 A choice and alternative is offered for all meals, specific diets are also catered for. Therapeutic diets are given as per advice from community dietitian. Residents have the choice to eat in their bedrooms or communal dining room. Meal times are flexible with snacks available at anytime during the day or night.</p>	Compliant
Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>8.6 Nurses and carers have received training on feeding techniques for patients with swallowing difficulties. Staff are given instructions from SALT following assessment. Policy on assisted feeding is readily available and copy of SALT recommendation is available to all staff. 12.5 Meals are provided at conventional times and hot or cold drinks offered regularly throughout the day. Patients can request hot or cold drinks and these are always available. Snacks available at any time. 12.10 All staff are informed if patient has any problems with eating or drinking - this is documented in careplan. Staff nurse and 4-5 staff are in dining room during all meals. Senior staff assist any patient who has difficulty swallowing and necessary aids are available. Care staff have attended training on feeding of patients and first aid in the event of choking. 11.7 All staff receive tissue viability training and a TV link nurse is nominated for the home who attends updates re: wound care and management. This information is then disseminated to staff in the home. All staff are competent to carry out wound assessments and how to apply wound care products and dressings.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant



Quality Improvement Plan

Secondary Unannounced Care Inspection

Hillview Lodge Private Nursing Home

29 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Julie Taylor, Manager and with Mrs Therese McGarvey, Group Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	13 (1) (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> <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>Reference: Sections 11.1</p>	One	Seating arrangements have been reviewed. Those clients who choose to remain in wheelchairs have been assessed for pressure relief and care plan reflects their preference.	28 days from date of inspection
2	12 (4)	<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> <p>Reference: Section 11.2</p>	One	Meals are supervised by senior carer/staff nurse. Menu will reflect meal of day. Record available in kitchen of residents choices for meals.	28 days from date of inspection

Recommendations

These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	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. Reference: Section 10; Criterion 19.1	One	This has been completed in full.	28 days from date of inspection
2	19.1	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. Reference: Section 10; Criterion 19.1	One	Specific care plans for continence available.	28 days from date of inspection
3	19.2	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. Reference: Section 10; Criterion 19.2	One	Catheter policy for incontinence management updated. No patients within unit at present with stoma but policy will be included as appropriate.	28 days from date of inspection
4	19.4	The responsible person should ensure that registered nurses have been deemed competent in the management of male	One	Nurses trained in male catheterisation will self evaluate competency and record held in	28 days from date of inspection

		catheterisation. Reference: Section 10; Criterion 19.4		personnel files.	
5	13.1	The responsible person should ensure that activities are planned and provided with regard to the needs of the patients. Reference: Section 11.3	One	Activity Therapist now employed - 5 days per week.	28 days from date of inspection
6	28.4	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. Reference: Section 11.6	One	All staff get basic dementia awareness training. 4 of staff presently doing Stirling University Course in Dementia care.	28 days from date of inspection
7	30.7	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. Reference: Section 11.6	One	The manager's hours will be on rota.	28 days from date of inspection
8	37.7	The responsible person should ensure that staff risk assess the storage of topical creams in bedrooms. Reference: Section 11.9	One	This has been addressed.	28 days from date of inspection
9	34.1	The registered person shall make suitable arrangements to minimise the risk of	One	Carpet has been deep cleaned. Boxes removed from unused	28 days from date of

		<p>infection and toxic conditions and the spread of infection between patients and staff. The following issues were identified which require to be addressed:</p> <ul style="list-style-type: none"> • the carpet in one identified patients bedroom was stained • the veneer was worn exposing bare wood on a number of vanity units in bedrooms (making them difficult to clean effectively) • there was inappropriate storage of boxes of incontinence products in a bathroom. <p>Reference: Section 11.8</p>		<p>bathroom. Identified furniture will be addressed within ongoing refurbishment programme.</p>	inspection
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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	Julie Taylor
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Therese McGarvey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	08 April 2015
Further information requested from provider			

Springlawn Group Of Nursing Homes

Headquarters:
44 Old Dromore Road
Omagh
Co. Tyrone
Tel: 02882 244550

25 March 2015

RQIA
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Dear Ms Dougan

Further to the unannounced inspection at Hillview Lodge on 29.10.14 and subsequent meetings in February 2015, I wish to have the following comments attached to any report which is published:

11.1 In respect of requirement on comfortable seating: I believe it would be important to identify that several of the clients viewed during the prolonged inspection “choose” to remain on their wheelchairs due to ease of movement. These residents are sitting on pressure relief cushions & no restraint belt is used unless in transit. Care plans identifying resident’s specific choice in this area will be formulated and this area will be kept under review.

11.2 Residents are afforded a choice of all meals and a record is kept of their choice and could have been inspected if desired. The meals are provided fresh daily from locally sourced produce & residents regularly compliment staff on quality and tastiness of food. The dining room is normally supervised by the staff nurse and assisted by carers but possibly the added stress of two inspectors meant this did not occur on this particular occasion. All staff have received training on “assisted mealtimes” and how to respectfully assist clients with meals.

11.3 An activity therapist has now been employed and works in Hillview 5-7hrs/week offering a range of activities & events for clients.

11.6 All staff receive full induction & training on a variety of care issues with vulnerable elderly including dementia awareness. The Stirling University course in Dementia Care is delivered at Hillview Lodge with several staff having completed it and 4 further staff presently completing this dementia specific course.

11.9 Staff have been advised that all chemicals must be stored in locked cleaners store & not in sluice area.

Creams are patient specific and only ever used for one person. They are now kept in sandwich bags to reduce risk of contamination or labels being removed through use.

Yours sincerely

Therese McGarvey
Group Manager