

Unannounced Care Inspection Report 9 February 2021



Hob Green Country Home

Type of Service: Residential Care Home (RCH)

**Address: 41 Kirk Road,
Ballymoney, BT53 8HB**

Tel no: 028 2766 2620

Inspector: Mandy Ellis

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 9 residents.

3.0 Service details

Organisation/Registered Provider: Hob Green Country Home Responsible Individual: Elizabeth Lisk	Registered Manager and date registered: Averil Neilly Acting manager
Person in charge at the time of inspection: Averil Neilly	Number of registered places: 9 No more than 1 person in Cat RC-MP(E). The home is approved to provide care on a daily basis only to 4 persons
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection was undertaken on 9 February 2021 between 10.15 and 15.15 hours. The inspection sought to assess whether the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- the internal environment
- care delivery
- governance and management arrangements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Averil Neilly, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with four residents and three staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 1 February to 14 February 2020
- the home's registration certificate
- two residents' care records
- the fire risk assessment
- complaints records
- incident and accident records
- a sample of governance audits/records
- a sample of monthly monitoring reports

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

We reviewed the duty rotas for the period 1 February 2021 to 14 February 2021. We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota. We observed the use of white sticky labels on the duty rota: these had been used to correct mistakes or if the duty rota had been altered. This was discussed with the manager how any amendments should be dated and signed and the use of white sticky labels is not recommended. An area for improvement was made.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff said that there was good team working, effective communication between staff and management and that they enjoyed coming to work.

Comments made by staff included:

- "This is a homely wee home".
- "I love it here".

6.2.2 Personal Protective Equipment

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection Prevention and Control and the internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, bathrooms, the lounge, kitchen and the dining area.

The manager told us that an enhanced cleaning schedule was in place. All points which may be regularly touched by residents and staff were thoroughly cleansed several times daily.

We saw that residents' bedrooms were personalised with items of memorabilia and special interests. Walkways throughout the home were kept clear and free from obstruction. Several pieces of wooden furniture and radiator covers were observed damaged or worn throughout the home and within residents' bedrooms. In addition three identified chairs were also seen torn. With the integrity of these items compromised they could not be effectively cleaned. Within resident and communal bathrooms items we observed items such as toilet rolls and toiletries stored on top of toilet cisterns. Paper notices on information boards or in the residents bedroom were not laminated nor seen to have a wipe-able surface. These shortfalls were discussed with the manager and an area for improvement in regards to infection prevention and control was identified.

Within the kitchen several cupboards, work surfaces and tiles were observed damaged and worn. The manager agreed to discuss these deficits with the registered individual. This will be followed up on a future inspection.

6.2.4 Care delivery

We observed that residents looked well cared for; residents were well presented and nicely dressed. It was evident that staff knew the residents well. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by residents included:

- "It's first class and couldn't be better. "
- "The staff are very nice. "
- "I have no complaints. "
- "We are spoilt. "

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents. The residents told us the food is always good.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting was disrupted due to the Covid-19 pandemic. The staff assisted residents to make phone calls or use video calls with their families. The manager also told us how a few families preferred a weekly update sent by email. Arrangements were in place to facilitate relatives visiting their loved ones at the home; the conservatory area had been rearranged to allow for safe visiting by appointment.

We reviewed the care records for two residents and found that these contained relevant risk assessments and care plans to ensure that residents' daily needs were met. A daily, up to date, record of care provided was maintained. However, the care plans and risk assessments reviewed were not signed by the resident and did not evidence resident involvement in the care planning or assessment process. An area for improvement was made.

6.2.5 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager.

The IPC audits were reviewed; the audits were completed regularly and included actions if any deficits were identified.

The manager provided assurance that complaints were managed appropriately and that complaints, although rarely received, were viewed as an opportunity to learn and improve.

We examined the records of accidents and incidents which had occurred in the home and found that these were managed and reported appropriately.

We also reviewed the monthly monitoring reports completed in respect of the home. The reports were comprehensive and contained an action plan.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

The home had a current fire risk assessment dated 8 June 2020.

The manager told us that staff were registered with the Northern Ireland Social Care Council (NISCC) with the exception of some new staff who were in the process of making an application. There was no formal system in place to regularly monitor the registration status of care staff. This was discussed with the manager who agreed to establish a system to regularly check staff registration. An area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to staffing, care delivery and staff interaction with residents.

Areas for improvement

Four areas for improvement were identified during this inspection. These related to infection prevention and control, a monitoring system for staff registrations with NISCC, the duty rota and care records.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to resident's individual needs. The home was clean, tidy and fresh smelling. Four new areas for improvement were made and are outlined in the body of the report and in section 7.2.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Averil Neilly, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 March 2021	<p>The registered person shall ensure the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <p>This relates specifically to the following:</p> <ul style="list-style-type: none"> • damaged furniture and radiator covers are replaced or repaired • toilet cisterns are kept free from clutter • notices have a wipe-able surface. <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: All damaged furniture has been replaced with new furniture. Radiator covers are in the process of being repaired and will be completed by the 01/06/2021. Baskets are now in wardrobes for excess toiletries, to ensure none are sitting on toilet cisterns or other surfaces. Any signage in polypockets has been removed or laminated.</p>
Area for improvement 2 Ref: Regulation 25 (b) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure a robust system of review is established to regularly monitor the registration status of staff with NISCC.</p> <p>Ref: 6.2.5</p>
	<p>Response by registered person detailing the actions taken: A review of the NISCC registration status of all staff will be conducted regularly and recorded as having been done.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 22 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure records are managed in accordance with professional and legislative requirements.</p> <p>This relates specifically to the use of white sticky labels on the duty rota.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: All changes will be made with a single line to indicate a correction and signed, rather than corrected with a small white label.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5 and 6</p> <p>Stated: First time</p> <p>To be completed by: 9 March 2021</p>	<p>The registered person shall ensure the following with regard to residents care records:</p> <ul style="list-style-type: none"> • resident involvement in the assessment and care planning process should be evidenced • resident assessments and care plans are signed by the resident, where appropriate <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This was the only care plan not signed as the resident is partially blind, also her next of kin was due to start as a care partner, hence the delay in getting her signature. I will in future attach a note explaining why a care plan has not been signed during a time of not having access to family signatures, should this arise.</p>

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



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