



The Regulation and
Quality Improvement
Authority

Hob Green Country Home
RQIA ID: 1337
41 Kirk Road
Ballymoney Road
BT53 8HB

Inspector: John Mc Auley
Inspection ID: IN023055

Tel: 02827662620
Email: hobgreencountryhome@yahoo.co.uk

**Unannounced Care Inspection
of
Hob Green Country Home**

23 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 23 June 2015 from 10.15am to 2.15pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. One area of improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

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

1.2 Actions/ Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Registered Manager Mrs Elizabeth McVicker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Elizabeth Kathleen Mary Lisk	Registered Manager: Mary Elizabeth McVicker
Person in Charge of the Home at the Time of Inspection: Mary Elizabeth McVicker	Date Manager Registered: April 2005
Categories of Care: RC-MP(E), RC-I, RC-DE	Number of Registered Places: 9
Number of Residents Accommodated on Day of Inspection: 8 plus 1 resident out with family and 1 day care service user	Weekly Tariff at Time of Inspection: £470 plus £10 - £20 top up

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with nine residents, two staff and the registered manager.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 6 January 2015. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.3	The general health and welfare of residents is continually monitored and recorded. Referrals are made to; advice sought from, primary health care services when necessary and documented in the residents records.	Met
	Reference to this is made in that the use of the word "unsettled" in progress records needs to be clearly defined in detailed descriptive terms.	
	Action taken as confirmed during the inspection: A review of three residents' care records found that use of such terminology was avoided.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The registered manager provided us an example of how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We inspected a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We inspected three residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care. There is associated guidance available for staff.

Training in this area of care is received in staff induction, with formal training completed on 1 June 2015.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support**Is Care Safe? (Quality of Life)**

Staff have received training in continence management in their induction. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected three residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. This policy and procedure was found not to be specific to the home. For example it made reference to another regulator and regulations pertaining to another jurisdiction. A recommendation has been made for this policy and procedure to be revised and updated accordingly.

There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There was one area of improvement identified with this standard inspected. This was in relation to revising and updating the home's policy and procedure on continence management. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

Number of Requirements:	0	Number of Recommendations:	1
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Additional Areas Examined

We met with all the residents in the home. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

"Everything is fantastic"

"They are all very good to us"

"I love it here. We are very happy"

"This is a lovely home"

"I am very happy to be here".

i.5.2 Relatives' Views

We met with no visiting relatives.

i.5.3 Staff Views

- We met with two staff of various grades. All spoke on a positive basis about the workload, teamwork, training, managerial support and staff morale. Staff informed us that they felt a good standard of care was provided for.

Five staff questionnaires were distributed for return.

i.5.4 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a reasonable standard.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

Plans are in place to swap the dining room with a lounge. This will increase the sociability of the existing lounge due to its layout. The home will be liaising with the aligned estates inspector about this proposal.

i.5.5 Accident/ Incident Reports

We inspected these reports from the previous inspection. These were found to be appropriately managed and reported.

i.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

A supportive practice of teamwork was found to be in place with residents benefitting from this.

An appetising, well presented dinner time meal was provided for.

i.5.7 Fire Safety

We reviewed the home's most recent fire safety risk assessment, dated 26 May 2015. This assessment had corresponding evidence that recommendations made were duly dealt with.

Fire safety training including fire safety drills were maintained on an up to date basis.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

i.5.8 Complaints

A review of the record of complaints together with discussions with the registered manager confirmed that expressions of dissatisfaction are taken seriously and manager appropriately.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected. The overall assessment of these additional area examined considered these to be compassionate, safe and effective.

6. Quality Improvement Plan

The one issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Registered Manager Mary Elizabeth McVicker as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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/manager 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). 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

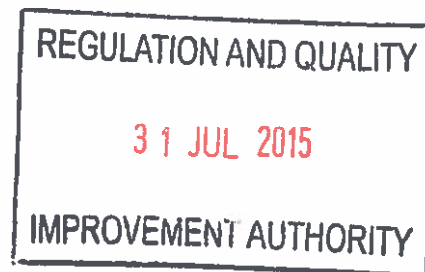
The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk or RQIA's office (non- paperlite) 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			
Recommendation 1	The policy and procedure on continence management needs to be revised. This policy and procedure needs to be applicable to the home.		
Ref: Standard 21.5	Response by Registered Person(s) Detailing the Actions Taken: A new policy and procedure has been actioned on 25 th June. 2015; and is applicable to the home.		
Stated: First time			
To be Completed by: 23 August 2015			
Registered Manager Completing QIP	M E Mericker.	Date Completed	10.07.15
Registered Person Approving QIP	Elizabeth Lisk	Date Approved	21.07.15
RQIA Inspector Assessing Response	<i>[Signature]</i>	Date Approved	3/8/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address



Re: Hob Glen County Home
 41 Minn Road
 Ballymoey
 Co. Antrim.
 BT53 8HB.