



Unannounced Care Inspection Report 30 April 2019



Hob Green Country Home

Type of Service: Residential Care Home
Address: 41 Kirk Road, Ballymoney, BT53 8HB
Tel No: 028 2766 2620
Inspector: John McAuley

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 registered residential care home which provides care for up to nine residents under categories of care detailed in its certificate of registration and in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Hob Green Country Home Responsible Individual(s): Elizabeth Kathleen Mary Lisk	Registered Manager and date registered: Averil Neilly
Person in charge at the time of inspection: Averil Neilly	Number of registered places: 9 Plus 4 places per day for day service
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 – one person	Total number of residents in the residential care home on the day of this inspection: 9 plus one day care

4.0 Inspection summary

An unannounced care inspection took place on 30 April 2019 from 10.00 to 14.00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, governance and maintenance of good working relationships. Good practices were also found in relation to the maintenance of care records, adult safeguarding, infection prevention and control and the home's environment.

Two areas requiring improvement were identified during this inspection. These related to ensuring all staff are in receipt of up-to-date fire safety drills and revising the home's Statement of Purpose and Residents' Guide.

Residents described living in the home as being a good experience, in positive terms.

Comments received from residents, people who visit and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

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.

4.2 Action/enforcement taken following the most recent inspection dated 20 November 2018

No further actions were required to be taken following the most recent inspection on 20 November 2018.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses from these questionnaires were received in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- staff induction records
- audit of staff registrations
- three residents' records of care
- complaint records
- compliment records
- accident/incident records

- a sample of monthly monitoring reports
- RQIA registration certificate
- a sample of policies and procedures
- Legionella risk assessment
- fire safety records

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 November 2018

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 20 November 2018

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to review to ensure the assessed needs of the residents were met. It was also advised that temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff.

General observations of care practices during this inspection found there to be sufficient staff to meet residents' needs. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of a sample of a completed induction record and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The last audit of these registrations was on 1 April 2019. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Staff advised that they felt no difficulties in reporting concerns to management and that any such concerns would be dealt with appropriately. Staff also advised that they felt management was approachable and supportive. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The manager would also carry out a pre-admission assessment on any potential resident to the home. This is to determine whether the home can meet the assessed needs of the resident.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The communal areas were comfortable, bright and nicely layout to meet residents’ needs.

The home was fresh- smelling and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

A Legionella risk assessment was undertaken on 15 November 2018 with corresponding evidence of action taken in response of this.

The catering facility was tidy and well organised.

The home had an up to date fire risk assessment in place dated 15 May 2018. No recommendations were made as a result of this. The manager advised that the fire safety risk assessment was planned to be up-dated the following week.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were not completed on a regular basis for all staff. This has been identified as an area of improvement in accordance with legislation to act on.

Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the home’s environment.

Areas for improvement

One area of improvement was identified within this domain during this inspection. This was in relation to ensuring all staff are in receipt of up-to-date fire safety drills.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection three residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example nutrition, falls and restrictive practices were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Care records were well organised and accessible in the manner in which information laid out.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how their knowledge of residents' needs facilitated residents with their choices and preferences with social activities.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The dinner time meal was appetising, wholesome and nicely presented. The dining room and tables were appropriately facilitated with condiments and a suitable ambience for residents to enjoy their meal. Throughout the inspection residents commented positively on this provision. Snacks and beverages were also readily available. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were found to be polite, friendly, warm and supportive.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by the responsible individual reports and the latest RQIA inspection reports were available for interested persons to read.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, reviews and communication between residents, staff and other interested parties.

Areas for improvement

No areas of improvement were identified within this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected.

Discussion with staff and inspection of care records confirmed that residents' spiritual and cultural needs were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was evidenced by the inspection of care records, for example, care progress records that had a statement of need, such a pain had a corresponding statement of care/treatment given with effect of same.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment, such as the menus and the activity programme. Added information was also displayed in the reception area of the home for residents and relatives to avail.

Discussion with residents and staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example residents' personal care needs were attended to sensitively and discreetly.

Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the reviews of their care.

Discussion with staff, residents, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection a group of residents were engaged in a sing-song

activity which was enjoyed by all. Crafts and artwork were also displayed of previous activities. Arrangements were also in place for residents to maintain links with their friends, families and wider community, for example one resident regularly goes out with family and friends.

Discussions with residents in the home at the time of this inspection was all positive. In accordance with their capabilities all confirmed/indicated that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- “They spoil us here”
- “The new manager is a lovely lady”
- “Everything is very good here”
- “We are all cared for very well”
- “The food is very good”
- “I am very happy here. No complaints at all.”

Discussions with two visiting relatives at the time of this inspection were both complimentary in terms of the provision of care and the kindness and support received from staff. Some of the comments made included statements such as;

- “It’s a great wee home”
- “Everything is wonderful. Nothing at all to complain about.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents, two visiting relatives and general observations of care practices and the atmosphere in the home.

Areas for improvement

No areas of improvement were identified within this domain during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s Statement of Purpose and the categories of care for which the home was registered with RQIA.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed. The employers’ liability insurance certificate was also displayed with an expiry date of 17 August 2019.

A range of policies and procedures was in place to guide and inform staff.

The home's complaints policy and procedure was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

The complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The last recorded complaint was on 4 April 2019 and review of this found that this matter was taken seriously and managed appropriately.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

The home's accident, incident and notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The manager advised that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. An inspection of the home's Statement of Purpose and Residents' Guide identified that the new management arrangements had not been revised. This was identified as an area of improvement in accordance with standards.

The reports of the last four months' monitoring visits (24 April 2019, 25 March 2019, 18 February 2019 and 21 January 2019) on the behalf of the registered provider were inspected. These were found to be maintained in informative detail manner with good evidence of governance. All these visits were unannounced.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this and would feel no hesitation in reporting concerns to management. Discussion with staff also confirmed that there were good working relationships within the home and that management were supportive.

Areas of good practice

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

Areas for improvement

One area of improvement was identified within this domain during this inspection. This was in relation to revising the home's Statement of Purpose and Residents 'Guide.

	Regulations	Standards
Total number of areas for improvement	0	1

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 care 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

<p>Area for improvement 1</p> <p>Ref: Regulation 27(4)(f)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2019</p>	<p>The registered person shall ensure that all staff are in receipt of up-to-date fire safety drills.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>We are now undertaking fire drills for staff every 3 months instead of twice per annum. Our last fire drill was on Friday 31st May 2019.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standards 20.6 and 20.9</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall revise the home's Statement of Purpose and Residents' Guide with details of the new managerial arrangements.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Home's Statement of Purpose and Residents' Guide have been updated to reflect the new managerial arrangements.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care