



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** Hob Green Country Home (1337)  
**Date of Inspection:** 29 July 2014  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN017522

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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**1.0 General information**

|  |   |
|--|---|
| <b>Name of Service:</b>  | Hob Green Country Home (1337)                                       |
| <b>Address:</b>  | 41 Kirk Road<br>Ballymoney<br>BT53 8HB                              |
| <b>Telephone number:</b>   | 02827662620   |
| <b>E mail address:</b>   | hobgreencountryhome@yahoo.co.uk                                     |
| <b>Registered Organisation/<br/>Registered Provider:</b>           | Mrs Elizabeth Lisk  |
| <b>Registered Manager:</b>   | Mrs Mary Elizabeth McVicker   |
| <b>Person in charge of the home at the<br/>time of inspection:</b> | Mrs Mary Elizabeth McVicker   |
| <b>Categories of care:</b>   | RC-I ,RC-MP(E), RC-DE plus a maximum of 4<br>day care per day.      |
| <b>Number of registered places:</b>                                | 9   |
| <b>Number of residents accommodated<br/>on Day of Inspection:</b>  | 8 plus 1 resident out with family plus 4 day care<br>service users. |
| <b>Scale of charges (per week):</b>                                | £461 plus £15 top up  |
| <b>Date and type of previous<br/>inspection:</b>                   | 27 February 2014<br>Announced inspection                            |
| <b>Date and time of inspection:</b>                                | 29 July 2014<br>11am – 2pm  |
| <b>Name of Inspector:</b>  | Mr John McAuley   |

## 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 residential care homes. A minimum of two inspections per year are required.

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

## 3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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:

- Discussion with registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and one visiting relative
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 Inspection focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: Standard 9 - Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

| <b>Guidance - Compliance statements</b> |  |  |
|---|--|--|
| <b>Compliance statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>   |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>1 - Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report   |
| <b>2 - Not compliant</b>                | 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                           |
| <b>3 - Moving towards compliance</b>    | 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                           |
| <b>4 - Substantially Compliant</b>      | 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 |
| <b>5 - Compliant</b>                    | 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.    |

## 6.0 Profile of service

Hobgreen Residential Care home is situated on the Kirk Road in a rural location on the outskirts of the town of Ballymoney.

The residential home is owned and operated by Mrs Elizabeth Lisk. The registered manager is Mrs Mary Elizabeth McVicker.

Accommodation for residents is provided seven single room and one double room, all on the ground floor level.

A communal lounge, conservatory and dining room are provided in a central location of the home.

The home also provides for catering and laundry services.

The home is registered to provide care for a maximum of nine persons under the following categories of care:

Residential care;

I – Old age not falling into any other category

MP (E) – Mental disorder excluding learning disability or dementia – over 65 years

DE – Dementia

Day care

As outlined in the condition of registration, this residential care home is registered to provide day care services up to and including a maximum of four service users a day.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Hobgreen was undertaken by John McAuley on 29 July 2014 between the hours of 11am and 2pm. The registered manager Mrs Mary Elizabeth McVicker was available during the inspection and for verbal feedback at the conclusion of the inspection.

The one requirement and one recommendation made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the home can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9 of the DHSSPS Residential Care Homes Minimum Standards. Review of this standard found there to be overall compliance with this standard with one recommendation made in respect of care records as detailed later in the main body of this report.

During the inspection the inspector met with residents, staff, and one visiting relative, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents, in accordance with their capabilities, they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

The visiting relative was keen to express his / her praise and gratitude for the provision of care in the home and the kindness and support received from staff.

Staff informed the inspector that they were supported in their respective roles and that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The home was found to be clean and tidy with a good standard of décor and furnishings maintained in residents' bedrooms and reasonable standard in the communal lounge and dining room.

A number of additional areas were also examined these included accident / incident reports and fire safety. Further details can be found in section 10.0 of the main body of the report.

Two requirements in respect of fire safety and one recommendation in relation to progress records were made as a result of the secondary unannounced inspection. The details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, staff and the registered manager for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 February 2014.**

| NO. | REGULATION REF. | REQUIREMENTS   | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION  | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------|--|---|--------------------------------------|
| 1.  | 27 (2) (t)      | <p>The registered person shall, having regard to the number and needs of the residents, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Reference to this is made in respect that all radiators / hot surfaces must be individually risk assessed in accordance with current safety guidelines, with subsequent appropriate action.</p> | As a result of the risk assessment radiator covers have been installed throughout the home. | Compliant                            |



| <b>NO.</b> | <b>MINIMUM STANDARD REF.</b>   | <b>RECOMMENDATIONS</b>  | <b>ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION</b>                                     | <b>INSPECTOR'S VALIDATION OF COMPLIANCE</b> |
|------------|--|---|---|---|
| 1.         | RQIA's Guidance on mandatory training for providers of care in regulated services. Dated September 2012. | Refresher training on the protection of vulnerable adults should be provided to all staff on an annual basis. | Refresher training in the protection of vulnerable adults now takes place on an annual basis. | Compliant                                   |

## 9.0 STANDARD 9 - Health and Social Care

| <b>STANDARD 9 - Health and social care</b><br><b>The health and social care needs of residents are fully addressed.</b>  |                         |
|--|-------------------------|
| <b>Criterion Assessed:</b><br>9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.                                     | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b>  |                         |
| A review of a sample of three residents' care records confirmed that contact details of the residents' aligned GP and their aligned health care professionals were appropriately maintained. Evidence was also in place to confirm that as applicable a resident is provided with information on the choice of GP services in the locality and is assisted in registering with same. | Compliant               |
| <b>Criterion Assessed:</b><br>9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.   | <b>COMPLIANCE LEVEL</b> |
| <b>Inspection Findings:</b>  |                         |
| Discussions with staff on duty, together with a review of residents' care records, confirmed that staff has understanding and knowledge of the general health and social care needs of residents.  | Compliant               |

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

| <b>Criterion Assessed:</b>  | <b>COMPLIANCE LEVEL</b>         |
|---|---------------------------------|
| <p>9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>  |                                 |
| <b>Inspection Findings:</b>   |                                 |
| <p>A review of residents' care records found that the progress records of residents' general health and well-being was maintained. This contained evidence that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p> <p>Two residents' care records contained statements in their progress records of being "unsettled" and did not give detail as to how this behaviour was actually presented. A recommendation has been made for such terminology to be avoided and replace with detail statements of such behaviour(s).</p> | <p align="center">Compliant</p> |
| <b>Criterion Assessed:</b>  | <b>COMPLIANCE LEVEL</b>         |
| <p>9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>  |                                 |
| <b>Inspection Findings:</b>   |                                 |
| <p>The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p> <p>Discussions with a visiting relative at the time of this inspection, confirmed that he / she is kept well informed of changes in care and subsequent healthcare appointments / referrals</p>  | <p align="center">Compliant</p> |

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

|   |   |
|---|---|
| <p><b>Criterion Assessed:</b><br/>                 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.</p> | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b></p>  |   |
| <p>The home maintains a matrix of dates of residents' health care screening and appointments with aligned health care professionals</p>   | <p align="center">Compliant</p>               |
| <p><b>Criterion Assessed:</b><br/>                 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.</p>   | <p align="center"><b>COMPLIANCE LEVEL</b></p> |
| <p><b>Inspection Findings:</b></p>  |   |
| <p>General observations at the time of this inspection, found that residents' aid, appliance and personal equipment were maintained appropriately to provide maximum benefit for the resident.</p>  | <p align="center">Compliant</p>               |

## **10.0 ADDITIONAL AREAS EXAMINED**

### **10.1 Resident's consultation**

The inspector met with all the residents and day care service users in the home at the time of this inspection.

In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as:

- "they are all good to us here"
- "it's a lovely place to live"
- "you couldn't complain about a thing"
- "it's all wonderful, no worries"

A number of residents were not able to clearly articulate their views, but did appear comfortable and at ease in their environment and interactions with staff.

No concerns were expressed or indicated.

### **10.2 Relatives/representative consultation**

The inspector had the opportunity to meet with one visiting relative at the time of this inspection. This relative spoke with praise and gratitude on the provision of care and the kindness and support received from staff. The relative informed the inspector that he / she visited the home on a regular basis at all different times and that throughout such had always good confidence in the service being provided.

No concerns were expressed.

### **10.3 Staff consultation**

The inspector spoke with two other members of staff on duty other than the registered manager. Both members of staff spoke on a positive basis about their roles, duties and the overall provision of care. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties.

No concerns were expressed.

### **10.4 Visiting professionals' consultation**

There were no visiting professionals in the home at the time of this inspection.

## **10.5 General environment**

The inspector viewed the home and found it to be clean and tidy. The general décor and furnishings were of a reasonable standard in the communal lounge and dining room, with residents' bedrooms maintained to good standard.

## **10.6 Fire safety**

The home's most recent fire safety risk assessment as dated 25 April 2014 was reviewed. No recommendations were made as a result of this assessment. However the inspector identified issue of how all fire exit doors were locked by a key, which was maintained by staff and also concealed near each door. A requirement has been made for such provision to be reported to the home's aligned fire safety risk assessor, for guidance and direction on such and for this to be clearly detailed in the home's fire safety management plan.

It was also identified that the staffing levels on night duty are at a minimum staffing level of one member on duty. There were occasions due to resident dependencies when such needed to be increased and this was being added the for coming night duty to accommodate this increase in dependency. However the previous two fire safety risk assessments for 2013 and 2012 identified recommendations in respect of lone working on night duty. There were no subsequent evidence in place that this recommendation had been addressed for which a requirement has been made to act on.

Fire safety training for staff was found to be maintained on an up to date basis.

Two of the fire safety exits had obstructions, with one having a plant pot in situ to the ground outside the door and the other had a build-up of leaves and mulch to the bottom of the concrete external slipway. A requirement has been made to ensure fire safety exits are unobstructed at all times.

## **10.7 Accidents / incident reports**

A review of these reports from 25 March 2014 was undertaken. These were found to be appropriately managed and maintained.

## **10.8 Care practices**

Discreet observations of care practices evidenced residents being treated with dignity and respect. Care duties and tasks were organised and attended to in an unhurried manner. Staff interactions with residents were found to be polite, friendly, warm and supportive.

An appetising, well-presented dinner meal was provided for in comfortable surrounding for which residents commented on favourably.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Mary Elizabeth McVicker, 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:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Secondary Unannounced Care Inspection

**Hobgreen**

**29 July 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 the Registered Manager Mrs Mary Elizabeth McVicker 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 Residential Care Homes Regulations (NI) 2005

| No. | Regulation Reference | Requirements   | Number Of Times Stated | Details Of Action Taken By Registered Person(S)  | Timescale      |
|-----|----------------------|--|------------------------|--|----------------|
| 1.  | 27 (4) (d) (iii)     | <p>The registered person shall –<br/>                     (d) make adequate arrangements –<br/>                     (iii) for the evacuation, in the event of fire, of all persons in the home and safe placement of residents.</p> <p>Reference to this is made in that;</p> <ul style="list-style-type: none"> <li>• The issue of how fire safety exit doors are locked must be highlighted with the home's fire safety assessor and a subsequent fire safety management plan put in place.</li> <li>• The recommendations in the fire safety assessments of 2013 and 2012 in respect of lone working on night duty need to be acted on.</li> <li>• The two external fire safety exits must be kept free at all times from any obstruction.</li> </ul> | One                    | <p>• MEMBERS OF STAFF ON DUTY CARRY A KEY TO OPEN THE MAIN EXIT DOOR. A KEY FOR EACH DOOR IS RETAINED IN A SNAP OPEN MAGNETIC KEY BOX BESIDE EACH DOOR. A SYSTEM IS NOW IN PLACE TO CHECK THAT THE KEY IS PRESENT IN EACH BOX AT THE BEGINNING OF EACH SHIFT.</p> <p>• THIS IS COMPLIANT WITH HTM 84 (17). THE MAXIMUM NUMBER OF BEDS IN A SUB-COMPARTMENT DOES NOT EXCEED 5. ALL STAFF HAVE NOW COMPLETED A FULL HEALTH DECLARATION FORM TO CONFIRM THEIR MEDICAL FITNESS TO WORK AND THIS IS PLACED IN THEIR PERSONAL FILES. THIS IS TO ENSURE COMPLIANCE WITH THE RECOMMENDATIONS IN THE FIRE SAFETY ASSESSMENTS OF 2013 &amp; 2012 IN RESPECT OF LONE WORKERS ON NIGHT DUTY.</p> <p>• PLANT POT REMOVED FROM DOOR STEP AND MOSS &amp; LEAVES POWER HOSED FROM OTHER IDENTIFIED RAMP.</p> | 29 August 2014 |

**Recommendations**

These recommendations are based on The Residential Care 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.  | 9.3                        | <p>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 resident's records.</p> <p>Reference to this is made in that the use of the word "unsettled" in progress records needs to be clearly defined in detail descriptive terms.</p> | One                    | <p>THIS IS CURRENTLY UP TO DATE AND IS ONGOING PRACTICE, REFERRALS BEING MADE TO, AND ADVICE SOUGHT FROM PRIMARY HEALTH CARE SERVICES WHEN NECESSARY AND DOCUMENTED IN RESIDENTS RECORDS.</p> <p>THE USE OF THE WORD "UNSETTLED" IN PROGRESS RECORDS IS NOW CLEARLY DEFINED IN DESCRIPTIVE TERMS AS IMMEDIATE AND ONGOING PRACTICE.</p> | 30 July 2014 |

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 and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

|   |                |
|---|----------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | M E McVicker . |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | E. Lisk        |

| <b>QIP Position Based on Comments from Registered Persons</b> | <b>Yes</b> | <b>Inspector</b> | <b>Date</b> |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable                  |            |                  |             |
| Further information requested from provider                   |            |                  |             |