

**Unannounced Care Inspection
of
Hillview**

16 February 2016

1. Summary of Inspection

An unannounced care inspection took place on 16 February 2016 from 11:30 to 14:00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met.

One area of improvement was identified during this inspection. This was in relation to updating the fire safety risk assessment. This 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 and The DHSSPS Residential Care Homes Minimum Standards (2011).

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	1	0

The details of the QIP within this report were discussed with the Anne Marie McTaggart Senior House parent as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Mary Elizabeth McAllister	Registered Manager: Denis John McAllister
Person in charge of the home at the time of inspection: Anne Marie McTaggart Senior House parent	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 3
Number of residents accommodated on day of inspection: 3	Weekly tariff at time of inspection: £470

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 9: Health and social care

The Health and Social Care Needs of Residents are Fully Addressed.

4. Methods/ Processes

Prior to inspection we analysed the following records: the previous inspection report, accident and incident reports and duty rota records.

During the inspection the inspector met with all the residents, two care staff and the registered manager.

The following records were examined during the inspection: three residents' care records, and fire safety records.

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 25 August 2015.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 25 August 2015

No requirements or recommendations were identified from this inspection.

5.3 Standard 9: Health and Social Care

The Health and Social Care needs of Residents are Fully Addressed.

Is Care Safe? (Quality of Life)

Discussions with the staff on duty confirmed that they had knowledge and understanding of residents' needs and practices and interventions prescribed. Staff knowledge and understanding of residents' needs was disseminated through handover meetings, supervision and managerial support. This knowledge and understanding was found to correspond with the assessments and care plans reviewed. The knowledge and understanding of staff was also demonstrated in how staff interacted with individual residents, particularly with issues of communication difficulties.

A review of residents' care records confirmed that issues of assessed need had a recorded statement of care/ treatment given and effect of same. This included referrals to the aligned health care professional(s).

General observations of residents' aids, appliances and equipment found these were maintained in good order.

Is Care Effective? (Quality of Management)

A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded.

Assistance is in place, for those residents who need to register with a new GP and/ or healthcare professional.

Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.

A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices throughout this inspection evidenced residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly and supportive. Residents were found to be comfortable, content and at ease in their environment and interactions with staff. Staff were found to be attentive to residents' individual needs, particularly in areas of communication. Staff were also observed to act kindly and with warmth in their responses to residents' needs and were diligent in responding to same.

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 met and to be compassionate, safe and effective.

Number of requirements:	0	Number of recommendations:	0
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Additional Areas Examined

5.4.1 Residents' Views

The inspector met with all the residents in the home at the time of this inspection. Due to complexities of dependencies none of the residents could articulate their views about the home. However through non-verbal cues and observations of care practices, all the residents appeared comfortable and at ease in their interactions with staff and their environment.

5.4.2 Relatives/ Representative' Views

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

Staff Views

The inspector spoke with two members of staff on duty as well as the registered manager. All staff spoke on a positive basis about their roles and duties, the teamwork, the managerial support and the provision of care.

No concerns were expressed.

5.4.4 Visiting Professionals' Views

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

5.4.6 General environment

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounge and dining room were comfortable and nicely facilitated.

5.4.6 Fire safety

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

At the time of this inspection we observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

The home's fire safety risk assessment was dated 1 October 2014, with a review date for October 2015. There was no corresponding evidence in place that the five recommendations made from the assessment had been dealt with. The senior houseparent confirmed that these recommendations had been dealt with and gave us a visual example with the storage in the linen cupboard. A requirement was made for the fire safety risk to be up dated and if any recommendations are made from this there needs to have corresponding written evidence that these are dealt with.

Areas for improvement

There was one issue of improvement identified with these additional areas examined. This was in relation to updating the fire safety risk assessment.

Number of requirements:	1	Number of recommendations:	0
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Marie McTaggart Senior Houseparent 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 and The Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS 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 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 16 May 2016	The fire safety risk must be up dated and if any recommendations are made from this there needs to be corresponding written evidence that these are dealt with.		
	Response by Registered Person(s) detailing the actions taken: All Completed By 05/04/2016		
Registered Manager completing QIP	Denis John McALLISTER	Date completed	22/04/2016
Registered Person approving QIP	Mary E McAllister	Date approved	22/04 2016
RQIA Inspector assessing response	John McAuley	Date approved	25/04/16

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