



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 June 2019



Hillview

Type of Service: Residential Care Home
Address: 182a Moyarget Road, Ballycastle, BT54 6JQ
Tel No: 028 2075 2058
Inspector: John McAuley

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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 three residents.

3.0 Service details

Organisation/Registered Provider: Hillview Responsible Individual(s): Mary Elizabeth McAllister	Registered Manager and date registered: Denis John McAllister 01 April 2005
Person in charge at the time of inspection: Rosaleen McTaggart -Senior Care Assistant	Number of registered places: 3
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: Two plus one resident at day care placement

4.0 Inspection summary

This unannounced inspection took place on 6 June 2019 from 10.30 to 13.20.

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 relaxed homely atmosphere and ambience in the home, the senior care assistant's knowledge and understanding of residents' needs and in particular interventions with communication and the good working relationships in the home. Good practices were also found in relation to the environment and the readily available support from management.

One area requiring improvement was identified. This was in relation to recording in the outcome of care review meetings confirmation that agreed actions had been acted upon and by whom.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with others/ with staff.

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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Rosaleen McTaggart, senior care assistant, 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 17 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17th January 2019.

No further actions were required to be taken following the most recent inspection on 17th January 2019.

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 including estates and medicines management issues, (if applicable) 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 any of these questionnaires were received in time for inclusion to this report.

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

- staff training schedule and training records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- fire safety risk assessment
- fire safety records
- RQIA registration certificate

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 last care inspection dated 17 January 2019

No areas for improvement were generated from this previous inspection.

6.2 Inspection findings

6.3 Is care safe?

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

Throughout this inspection general observations of care practices and the atmosphere in the home found that staff were responsive to residents' needs in a kind, caring manner.

Staffing

Staffing levels within the home were reviewed with the senior care assistant. The senior care assistant confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. For example it was explained how the levels were increased with a previous resident's increase care needs. The registered manager also lives adjacent to the home which can provide the provision of on-call support, as necessary.

An inspection of the duty rota confirmed it accurately reflected staff on duty.

Staffing in the home was reported as being very stable with no turnover of staff. The home do not use agency staff and are made up of a small team of staff who have been employed there a number of years.

Supervision, appraisal and support

Discussion with the senior care assistant gave assurance that staff were effectively supported by the registered manager through day to day availability, supervision and annual appraisal.

A system was in place to monitor and review the registration status of care with the Northern Ireland Social Care Council (NISCC). This involved a checking of the registration status of staff on a monthly basis.

Staff training

An inspection of staff training records confirmed that staff receive regular mandatory training and additional training pertaining to the needs of residents. Training is provided to staff by means of face to face instruction or by eLearning platforms.

All staff are in receipt of up-to-date training in safeguarding training. Feedback from the senior care assistant confirmed good understanding of how to recognise and respond to potential safeguarding incidents.

The environment

The home was clean and tidy throughout with no mal-odours. The décor was being maintained well with new paintwork to the corridor and new flooring in residents' bedrooms. There were nice furnishings throughout which added to the homely ambience. The lounge was comfortable and suitably facilitated. Residents' bedrooms were individualised with personal memorabilia and décor. The dining room / kitchen were clean, tidy and well organised. Bathrooms and showers were clean and had suitably facilitated with infection prevention aids. The laundry room was tidy and well organised. The grounds of the home were tidy and nicely decorated with plants and flowers.

There were no obvious risks observed in the environment.

Fire safety

The home's last fire safety risk assessment was dated March 2019. There were no recommendations made as a result of this assessment. Inspection of fire safety records confirmed staff had received up-to-date training in fire safety and fire safety drills. Fire safety checks were also maintained on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff support with the close availability and day to day contact of the registered manager and the upkeep of the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

Discussions with the senior care assistant confirmed that staff had good knowledge and understanding of residents' needs and prescribed care interventions. It was also advised that there was good communication between staff members and management for the benefit of resident care.

There is a handover meeting at the beginning of each shift so that the ongoing needs of residents can be reviewed and duties planned.

Care records

An inspection of care records confirmed that there was good multi-disciplinary working with other health care professionals, such as GPs, named workers, dieticians and dentists. Care records were informative, detailed and up-to-date. One area of improvement in accordance with standards was identified. This was in relation to recording in the outcome of care review meetings confirmation that agreed actions had been acted upon and by whom. This was found not to be the case in two of the care records inspected

Effectiveness of care

It was confirmed that a person centred approach underpinned practice. Staff had good knowledge of individual resident's needs, choices and preferences.

Staff were able to recognise and respond to pressure area damage observed on resident's skin, such as immediate referral to district nursing services. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

A system in place to monitor the dates of residents' most recent care reviews with their aligned named worker.

Observations of general care practices found that senior care assistant had a good knowledge and understanding how to communicate effectively with residents. This was particularly prevalent in having the knowledge to comprehend residents' with communicatory deficits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and understanding of residents' needs, prescribed care interventions and in particular with areas of effective communication.

Areas for improvement

One area was identified for improvement in relation to recording in the outcome of care review meetings confirmation that agreed actions had been acted upon and by whom.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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 two residents in the home at the time of this inspection were relaxing in their bedrooms, as was their personal preference. Both residents were at ease and content in their environment and interactions with the senior care assistant.

Care practices

The atmosphere in the home was relaxed and homely.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were also observed to be attentive to residents' needs to an organised unhurried manner. Residents were dressed in nice attire with attention to personal care.

The dining room was nicely facilitated and there was a nice ambience in place for residents to enjoy their lunchtime meal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to general observations of care practices and the home's homely ambience.

Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Staffing in the home is made up of a small team of staff with the support of the registered manager and his wife who is the responsible individual.

Management arrangements

The registered manager lives adjacent to the home and is involved in the day to day management of the home as well as on-call support. This level of support gives good assurances in terms of governance.

Discussions with senior care assistant confirmed that they felt there were good working relationships in the home that staff worked well as a team and the morale was good. It was also advised that management were supportive to any suggestions raised and were readily available for support and guidance.

The senior care assistant talked about issues of quality assurance and consistency of staff in the home and how this produced current success in the home in terms of the quality of care and the cohesiveness and competency of staff.

Inspection of the premises confirmed that the RQIA certificate of registration and employer' liability insurance certificate were displayed.

Systems of audit are in place. These included audits pertaining to the cleanliness of the environment, accidents and incidents and care records.

Complaints

The complaints procedure was displayed in the home and this provided advice on how to complain, the timescales of responses and to whom to report to if unhappy with the response. Inspection of the record of complaints found that such expressions were taken seriously and managed appropriately. The records included the detail of the complaint, the outcome of the investigation, the actions taken and confirmation whether the complainant was satisfied with the response, or not.

Accident / incidents

An inspection of the accident / incident reports from April 2019 was undertaken. There have been no events of these in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in relation to this domain during this inspection

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Rosaleen McTaggart, senior care assistant, 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 providers 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 11.5</p> <p>Stated: Firsttime</p> <p>To be completed by: 6 July 2019</p>	<p>The registered person shall record in the outcome of care review meetings confirmation that any agreed actions had been acted upon and by whom.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Discussed with podiatrist feet monitored every five/six weeks visually unable to complete pressure monitoring as resident is non compliant.</p> <p>Care plans reviewed monthly and updated when required. Rewritten annually.</p>

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



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