

# Unannounced Care Inspection Report 9 February 2017



## Hillview

**Type of Service: Residential Care Home**  
**Address: 182a Moyarget Road, Ballycastle BT54 6JQ**  
**Tel No: 02820752058**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Hillview took place on 9 February 2017 from 10:15 to 13:15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to staff training, infection prevention and control and the home's environment.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication with key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to observations of care practices and general ambience in the home and feedback from staff.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

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

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.1 Inspection outcome

|   | Requirements | Recommendations |
|---|--------------|-----------------|
| <b>Total number of requirements and recommendations made at this inspection</b> | 0            | 0               |

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Anne Marie McTaggart, senior houseparent, as part of the inspection process and can be found in the main body of the report.

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

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 June 2016.

## 2.0 Service details

|  |   |
|--|---|
| <b>Registered organization/registered provider:</b><br>Mary McAllister                                     | <b>Registered manager:</b><br>Denis McAllister  |
| <b>Person in charge of the home at the time of inspection:</b><br>Anne Marie McTaggart, senior houseparent | <b>Date manager registered:</b><br>1 April 2005 |
| <b>Categories of care:</b><br>LD - Learning Disability<br>LD (E) – Learning disability – over 65 years     | <b>Number of registered places:</b><br>3        |

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- The previous inspection report
- Accident and incident notifications

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

The following records were examined during the inspection:

- A sample of competency and capability assessment
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors etc.
- Individual written agreement
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 5 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 26 June 2016

| Last care inspection statutory requirements   |  | Validation of compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><b>Ref:</b> Regulation 20(3)<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>23 August 2016 | The registered person must ensure a competency and capability assessment is completed for any staff member with the responsibility of being in charge of the home in the absence of the registered manager.<br><br><b>Action taken as confirmed during the inspection:</b><br>Competency and capability assessments are completed for any member of staff with the responsibility of being in charge of the home in the absence of the registered manager. | <b>Met</b>               |
| Last care inspection recommendations  |  | Validation of compliance |
| <b>Recommendation 1</b><br><b>Ref:</b> Standard 23.6<br><b>Stated:</b> First time<br><b>To be completed by:</b><br>23 July 2016   | The registered provider should ensure the record of staff training is maintained on an up to date basis.<br><br><b>Action taken as confirmed during the inspection:</b><br>Inspection of these records found these to be maintained on an up to date basis.  | <b>Met</b>               |
| <b>Recommendation 2</b><br><b>Ref:</b> Standard 16.1<br><b>Stated:</b> First time<br><b>To be completed by:</b>                   | The registered provider should revise the policy and procedure on safeguarding to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and the establishment of a safeguarding champion in the home.  | <b>Met</b>               |

|                |  |  |
|----------------|--|--|
| 23 August 2016 | <b>Action taken as confirmed during the inspection:</b><br>This policy and procedure has been revised accordingly. |  |
|----------------|--|--|

### 4.3 Is care safe?

The senior houseparent confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with 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 of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

Staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of a completed staff competency and capability assessment was inspected and found to be satisfactory.

Discussion with the senior houseparent confirmed that no staff have been recruited since the previous inspection. Therefore, staff personnel files were not inspected on this occasion.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and staff identified that the home did not accommodate any individuals whose assessed needs could not be met.

Staff confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Staff training records confirmed that all staff had received training in infection prevention and control in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control 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.

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.

Staff reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA, with appropriate records retained.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. A programme of redecoration had recently taken place with good effect. Residents' bedrooms were comfortable and nicely personalised.

Inspection of the internal environment identified that the home was 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.

The home had an up to date fire risk assessment in place. All the recommendations were reported to of been appropriately addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. 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 (PEEPs) in place.

### Areas for improvement

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

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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#### 4.4 Is care effective?

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

An inspection of three residents' care records confirmed that these 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 such as manual handling, nutrition and swallowing 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' representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the residents' representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff in depth knowledge and understanding of individual residents' needs.

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

Records were stored safely and securely in line with data protection.

The senior houseparent confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. It was also confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, staff meetings and staff shift handovers.

The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents.

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 for improvement

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

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| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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### 4.5 Is care compassionate?

The inspector met the two residents in the home at the time of this inspection. Due to levels of dependencies neither could articulate their views about the home. However, they both appeared comfortable, content and at ease in their environment and interactions with staff. Both residents appeared well cared for with attention to personal care and attire.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by inspection of care records with



care plan(s) in place for management of pain, which included trigger factors and prescribed interventions.

The senior houseparent confirmed that consent was sought in relation to care and treatment. Staff confirmed their awareness of promoting residents’ rights, independence and dignity, and were able to demonstrate how residents’ confidentiality was protected.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Observation of care practice and social interactions demonstrated that residents were treated with dignity and respect

Observations of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included care review meetings and day to day contact with management.

Residents’ representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

One resident in the home was out at a day care placement. The other two residents were resting in their rooms, relaxing with music being played in an appropriate genre of age group and choice.

Arrangements were in place for residents to maintain links with their friends, families and wider community. These included close contact with the residents’ representatives in involving them with consultations, feedback and welcoming into the home.

**Areas for improvement**

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

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|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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**4.6 Is the service well led?**

The registered manager and staff confirmed 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.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints. No expressions of complaint had been received.



There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

Discussion with the senior houseparent and inspection of staff training records confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken by the registered manager's wife (the registered provider) as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

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

The senior houseparent confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access management to raise concerns that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The senior houseparent confirmed there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

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

|                               |   |                                  |   |
|-------------------------------|---|----------------------------------|---|
| <b>Number of requirements</b> | 0 | <b>Number of recommendations</b> | 0 |
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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