



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Hillview (1361)
Date of Inspection: 9 December 2014
Inspector's Name: John McAuley
Inspection No: IN017554

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of home:	Hillview
Address:	182a Moyarget Road Ballycastle BT54 6JQ
Telephone number:	02820752058
Email address:	hillviewprh@btinternet.com
Registered Organisation/ Registered Provider:	Mrs Mary Elizabeth McAllister
Registered Manager:	Mr Denis John McAllister
Person in charge of the home at the time of inspection:	Mrs Anne Marie McTaggart
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	3
Number of residents accommodated on day of Inspection:	3
Scale of charges (per week):	£620
Date and type of previous inspection:	11 April 2014 Unannounced Inspection
Date and time of inspection:	9 December 2014 10am – 2:15pm
Name of Inspector:	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 a primary unannounced 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 inspection was to ensure that the service was 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

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager and senior staff member in charge
- Examination of records
- Observation of care delivery and care practice
- Consultation with residents
- Inspection of the premises

- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	3
Staff	2
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	5	None in time for inclusion to this report.

6.0 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 Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

7.0 Profile of Service

Hillview Residential Care home is situated on Moyaget Road in a rural location outside the town of Ballycastle.

The residential home is owned and operated by Mr and Mrs McAllister with the registered manager being Mr Denis McAllister, who has been so for over ten years.

Accommodation for residents is akin to a domestic type setting with single room accommodation on a ground floor level.

A communal lounge and dining area are provided.

The home also provides for catering and laundry services.

There is good accessibility throughout with enclosed grounds overlooking the surrounding countryside to the rear of the home.

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

Residential care;

LD – Learning disability

LD(E) – Learning disability over 65 years.

8.0 Summary of Inspection

This primary unannounced care inspection of Hillview was undertaken by John McAuley on 9 December 2014 between the hours of 10am and 2.15pm. The senior houseparent Mrs Anne Marie McTaggart was available during the inspection and for verbal feedback at the conclusion of the inspection, as was the registered manager for part of this inspection.

The six requirements made as a result of the previous inspection on 11 April 2014 were also examined. Review of documentation, observations and discussions demonstrated that all these requirements have been addressed within the specified timescales. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

Prior to the inspection, the home's management completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the home in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents and staff, observed care practices, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. Through the inspector's observations, a review of documentation and discussions with staff, confirmation was obtained that restraint is not used. Residents' care records outlined their usual routine, behaviours, and means of communication and how staff should respond to their assessed needs. Staff demonstrated that they had good knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of his responsibilities in relation to when to refer residents to the multi-disciplinary team. A recommendation has been made for the home to devise and put in place a policy and procedure on restrictive practices, to include the human rights implications of same. There was observed to be no obvious use of restrictive practice in the environment with residents being comfortable to avail of their environment.

The overall assessment of this standard found that the home was compliant with same

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities

through on-going review of assessed needs in consultation with their representative and social worker. A selection of materials and resources were available for use during activity sessions.

The overall assessment of this standard found that the home was compliant with same.

Stakeholder consultation

During the course of the inspection the inspector met with residents, and staff. Questionnaires were also distributed to staff for completion.

The inspector met with all the residents in the home at the time of this inspection. None of the residents could clearly articulate their views about the home.

However they did appear comfortable, content and at ease in their environment and interactions with staff, with no obvious concerns indicated.

Discussions with staff were all positive with no concerns expressed.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their needs and wishes. Good relationships were evident between residents and staff.

General environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of and the home was nicely decorated for Christmas.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

One recommendation was made as a result of the primary unannounced inspection. The details of which 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 and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 11 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15 (2) (a) and (b)	<p>The registered person shall ensure that the assessment of the resident's needs is –</p> <ul style="list-style-type: none"> (a) Kept under review; and (b) Revised at any time when it is necessary to do so having regard to any change of circumstances and in any case not less than annually. <p>Reference to this is made in respect of the significant changes in residents' needs identified at the time of this inspection. The assessment of needs must be up dated accordingly.</p> <p>The home must also request in writing to the resident's aligned social worker for a comprehensive review of the resident's needs, to ensure needs are being met appropriately.</p>	<p>A review of the residents' care records confirmed that assessments were up dated accordingly and that the residents, aligned social worker has been up dated in terms of reviewing needs.</p>	<p>Compliant</p>

2.	16 (2) (b)	<p>The registered person shall ensure that – (b) the resident’s care plan is kept under review.</p> <p>Reference to this is made in that any residents who have significant changes in assessed need must have a subsequent care plan pertaining to same put in place.</p>	<p>A review of the residents’ care records confirmed that care plans were kept under review and care plans had been put in place in respect of changes in the resident’s needs.</p>	Compliant
3.	14 (3)	<p>The registered person shall make suitable arrangements to provide a safe system for moving and handling residents.</p> <p>Reference to this is made in that all staff employed in the home must be in receipt of up to date training in moving and handling and the use of a hoist.</p>	<p>All staff are in receipt of moving and handling training and there is good support guidance in place with this.</p>	Compliant

4.	14 (2) (d)	<p>The registered person shall ensure as far as reasonably practicable that –</p> <p>(d) shall make suitable arrangements for training persons employed in first aid.</p> <p>Reference to this is made in that all staff employed in the home must be in receipt of up to date training in first aid.</p>	<p>All staff in the home are in receipt of up to date training in first aid.</p>	Compliant
5.	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Reference to this is made in that the assessment tool of competency and capability must be put in place with any staff member with this responsibility.</p>	<p>A competency and capability assessment has been put in place for any member of staff with the responsibility of being in charge of the home, in the absence of the registered manager.</p>	Compliant

<p>6.</p>	<p>29 (1), (3) and (4) (c)</p>	<p>Where the registered provider is an individual, but not in day to day charge of the home residential care home, he shall visit the home in accordance with this regulation. (3) visits under paragraph (1) and (2) shall take place at least once a month or as agreed with the RQIA and shall be unannounced. (4) (c) prepare a written report on the conduct of the home.</p> <p>Reference to this is made in that the monitoring reports of the registered provider were not available on an up to date basis and the time of this inspection, and must be maintained accordingly at all times.</p>	<p>Monitoring reports by the registered provider were maintained appropriately on an up to date basis.</p>	<p>Compliant</p>
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10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Staff at Hillview have full knowledge and understanding of each of our residents usual conduct, behaviours and means of communication, as all residents details were obtained at the time of their referral, these include Care plans, risk assessments and specified needs. In put from Multi Disciplinary Team, i.e. social workers, speech and language therapist all of these records are reviewed and updated on an ongoing basis to ensure they accurately reflect the assessed needs of our residents.	Moving towards compliance
Inspection Findings:	
Staffing in the home is very consistent as is the resident occupancy. Discussions with staff confirmed they had an excellent knowledge and understanding of residents, usual conduct, behaviours and means of communication. This was also evident from observations of care practices and staff interactions with residents during this inspection. Discussions with staff also confirmed how their responses and interventions promoted positive outcome for residents.	Compliant

<p>Criterion Assessed: 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment As we have only three residents who have been living here at Hillview for over nine years staff are very quick to pick on any change in their behaviour, staff will seek to understand the reason for the change. This will be reported to senior house parent and management; resident will be monitor, recorded in care files and if necessary will be reviewed with the relevant health care professionals and the resident’s representatives.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings: 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 referral as appropriate to the aligned health care professional. Added to this care records were found to be well maintained and in particular there was good engagement and consultation used in residents’ care reviews with aligned healthcare professionals.</p>	<p>Compliant</p>

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Any consistent approach or response from staff for a resident is reviewed and updated on an on going basis to ensure they accurately reflect the assessed needs of the resident, this will include input from the relevant care professionals, residents representatives (as our residents are unable to contribute to this process) and Hillview staff.	Moving towards compliance
Inspection Findings:	
A review of residents' care plans found that the interventions prescribed were detailed, informative and specific. Evidence was in place of consultation and consent with residents' aligned social worker, through a signature.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Our residents here at Hillview currently do not have specific behaviour management programmes at this time.	Moving towards compliance
Inspection Findings:	
There are no residents in the home who are prescribed a specific behaviour management programme. However evidence would indicate from review of care records, staff training and discussions with staff, that if this were to be the case this would be approved by an appropriately trained professional and form part of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Hillview staff will be provided with any necessary training, support and guidance, if the circumstances arises.	Moving towards compliance
Inspection Findings:	
As detailed in criterion 10.4	Compliant
Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
All incidents managed outside the scope of a residents care plan are recorded in their care files, incident book and reported to the relevant health care professionals, followed by review in which representatives from the mult disciplinary teams i.e. social worker, nurse, doctor, speech and language therapist residents representatives and hillview staff attend, care plans and risk assessments are updated at this time following out come.	Moving towards compliance
Inspection Findings:	
There have been no accidents / incidents occurred in the home, since the previous inspection. However the assessed needs of two of the residents have changed significantly and subsequent evidence was in place to confirm that this has been reported to the resident’s representative and aligned health care professionals. The care plans have been reviewed and up dated accordingly.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Restraints are not used at Hillview.	Moving towards compliance
Inspection Findings:	
There are no obvious restrictive care practices used in the home and discussions with staff revealed knowledge of the implications and governance of same. The environment is akin to a domestic home setting with good accessibility for residents to avail of. However a recommendation has been made for a policy and procedure to be devised on restrictive practices. This policy and procedure needs to include the human rights implications of such practices.	Substantially compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Here at Hillview we try to provide each resident with a program of activities which provide them with a positive out come and reflect their needs and interests, this is carried out by staff at Hillview and with input from mulit disciplinary team,i.e., speech and language therapist, psychosocial worker, residents representatives (and when able the residents).	Moving towards compliance
Inspection Findings:	
The home has and a policy and procedure on the provision of activities. A review of residents' care records confirmed that individual social interests and activities were included in the needs assessment and the care plan.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Activities that as set up are based on our residents needs, as our residents are unable to communicate and have a very short concentration span. These programmes are set up to try and enhance development in this area as well as being enjoyable and relaxing for them</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>A review of the programme of activities showed that social activities are organised daily basis and included an individual placement to a day care setting. The programme also included activities which were age and culturally appropriate and reflected residents’ needs and preferences.</p> <p>The programme took into account residents’ spiritual needs and facilitated residents inclusion in in community based events.</p> <p>Discussions with care staff confirmed that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Hillview encourage all residents to be involved in the development of their programme of activities, but it is very often the case that they are unable to contribute. The residents representatives where possible, staff at Hillview and the relevant members of the multi disciplinary team are all involved in the development of their programmes,	Moving towards compliance
Inspection Findings:	
A review of the record of activities provided and discussion with staff, confirmed that residents were given opportunities to put forward suggestions for inclusion in the programme of activities in ongoing review of their assessed needs. These included provision for those residents who liked to prefer time on their own. A review of a care plan relating to a resident who had this particular need found evidence to confirm that his / her social needs were being duly catered for.	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
A copy of all programmes is placed in the residents individualised case record. Unfortunately the residents currently accommodated at Hillview would not benefit from being given a copy, activities are displayed in an appropriate locations.	Moving towards compliance
Inspection Findings:	
This was confirmed to be the case.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Residents are supported in their programmes by staff and others where appropriate and the provision of equipment and aids are provided for same.	Moving towards compliance
Inspection Findings:	
The home designates members of staff each day with for inclusion with these duties. General observations made at the time of this inspection, found that there was a good provision of equipment, and aids to support the provision of activities. These included craft materials, games, musical items, and dvds appropriate to age group.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The duration of each activity for our residents varies from day to day as each residents abilities are different, and their concentration span is very short and sometimes may not want to participat in activitie.	Moving towards compliance
Inspection Findings:	
Discussion with staff evidenced that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Staff demonstrated an awareness of individual residents’ abilities and the possible impact this could have on their participation in any activity.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Not applicable to this home.	Moving towards compliance
Inspection Findings:	
There are no activities provided in the home by a person contracted to do so.	Unable to review
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
Not applicable to this home.	Moving towards compliance
Inspection Findings:	
As detailed in criterion 13.7	Unable to review

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
yes	Moving towards compliance
Inspection Findings:	
A review of the record of activities evidenced that records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who had participated in the activity.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
	Moving towards compliance
Inspection Findings:	
The programme of activities was found to be reviewed on a regular basis to take account of residents' changing needs, as evidenced in their individual programmes.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with all the residents in the home at the time of this inspection. None of the residents could clearly articulate their views about the home.

However they did appear comfortable, content and at ease in their environment and interactions with staff, with no obvious concerns indicated.

11.2 Relatives/Representative Consultation

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

11.3 Staff Consultation/Questionnaires

The inspector spoke with staff on duty including a member on work experience. Staff questionnaires were also distributed for to be returned.

Discussions with staff were all positive and enthusiastic with no concerns expressed.

No staff questionnaires were returned in time for inclusion to this report.

11.4 Visiting Professionals' Consultation

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

11.5 Observation of Care Practices

The atmosphere in the home was friendly, welcoming and homely. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents' care needs were found to be assisted with in an appropriate manner, which was unhurried and individualised.

11.6 Care Reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that no complaints have been received.

11.8 General Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. There were festive decorations in place for Christmas and residents' bedrooms were nicely personalised and comfortable.

11.9 Guardianship Information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 1 October 2014. Evidence was in place to confirm that any recommendations made from this assessment had been addressed.

A review of the fire safety records evidenced that fire training, had been provided to staff on an up to date basis, including fire safety drills.

There was no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by the registered manager and this confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Anne Marie McTaggart, 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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan

Primary Unannounced Care Inspection

Hillview (1361)

9 December 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 Senior Houseparent (Mrs Anne Marie McTaggart) 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.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), 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.	10.7	<p>Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p> <p>Reference to this is made in that a policy and procedure on restrictive practices needs to be devised and put in place to include the implications of human rights on same.</p>	One		9 February 2015

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 email to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			