



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Hillview
Establishment ID No:	1361
Date of Inspection:	11 April 2014
Inspector's Name:	John McAuley
Inspection No:	17555

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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GENERAL INFORMATION

Name of Home:	Hillview Private Residential Home
Address:	182a Moyarget Road Ballycastle County Antrim Bt54 6JQ
Telephone Number:	(028) 2075 2058
E mail Address:	Hillviewprh182a@aol.com
Registered Organisation/ Registered Provider:	Mrs M E McAllister
Registered Manager:	Mr D J McAllister
Person in Charge of the home at the time of Inspection:	Mrs Anne Marie McTaggart
Categories of Care:	LD – (Learning Disability) with PH (Physical Disability other than sensory impairment)
Number of Registered Places:	3
Number of Residents Accommodated on Day of Inspection:	3
Scale of Charges (per week):	£620.00
Date and type of previous inspection:	20 August 2013 Primary Inspection
Date and time of inspection:	11 April 2014 9.30 am – 12.00 pm
Name of Inspector:	Mr John McAuley

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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 (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

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 9: Health and Social Care.

The inspector has 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.

PROFILE OF SERVICE

Hillview Private Residential Home is situated approximately two – three miles from the town of Ballycastle and is in a rural setting with views over the County Antrim countryside.

Mr and Mrs McAllister have an extensive background in providing care for individuals with varying degrees of learning disability and behaviours challenging to others. Their home provides accommodation for three residents who have a learning disability and/or physical disability. Mr and Mrs McAllister's two sons also work in the home along with a team of five care staff.

The home is a single storey building; each resident has their own bedroom, one of which has en-suite facilities.

There is a lounge, open plan kitchen and dining room and bathroom facilities and a WC are located in the main hallway.

SUMMARY

This inspection to Hillview was a secondary unannounced inspection carried out by an inspector from RQIA on Friday 11 April 2014.

The previous inspection to the home was an announced inspection on 19 November 2013. No requirements or recommendations were made as a result of that inspection.

On arrival to the home the inspector was met by Mrs Anne Marie McTaggart who was in charge, and readily available for discussion and clarification throughout. The Registered Manager Mr Denis McAllister was available too during this inspection, and assisted Mrs McTaggart with residents' care needs. Verbal feedback of inspection findings was provided for at the conclusion of the inspection to both these persons.

During this inspection, the inspector met with residents, staff, reviewed documentation, examined the general environment and made general observations of care practices.

The main focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. Review of this standard was undertaken via review of the three residents' care records, discussions with staff and general observations of care practices. Evidence was in place that residents' health and social care needs were being met and consultation was in place with the appropriate health care professional. One requirement has been made in respect of notifying in writing a request to a resident's social worker for a care review. This is particularly pertinent when significant changes in assessed need have been identified which were found to be the case at the time of this inspection.

This standard has been overall assessed as substantially compliant.

Additional matters examined.

Residents' Views

None of the residents in the home could clearly articulate their views. However they did appear comfortable and cared for.

Care Practices

The atmosphere in the home was found to be relaxed, pleasant and homely. The three residents accommodated were found to be comfortable and well care for. Staff interactions with residents were found to be pleasant, friendly and supportive.

The care needs of one resident were found to have increased significantly. Assurances were given in respect of staffing levels in place. However concerns were identified in that staff were not in receipt of up to date training in moving and handling and in the use of a hoist, in respect of these needs.

General Environment

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

Residents' facilities were comfortable and accessible to avail of.

Further issues of improvement were identified in relation to care records and care planning, staff training, competency and capability assessments and monitoring visits. These issues are discussed later in this report but have identified a total of five requirements made in relation to same.

The inspector would like to acknowledge the level of support and assistance received throughout this inspection process from residents, staff and registered manager.

FOLLOW-UP ON PREVIOUS ISSUES

There are no recommendations or requirements resulting from the previous inspection.

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

<p>Criterion Assessed: 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.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: A review of the three residents' care records confirmed that there are clear details of each resident's GP and aligned health care professional(s).</p>	<p align="center">Compliant</p>
<p>Criterion Assessed: 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.</p>	<p align="center">COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussions with the senior care assistant in charge, confirmed that the general health and social care needs are understood and there is good knowledge of health practices and interventions that promote the health and welfare residents.</p>	<p align="center">Compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
Evidence was in place to confirm that the general health and welfare of residents is continually monitored. The information of such is recorded in a daily file for all residents then is transferred into a weekly summary into individual resident's care records. The weekly summary was found not to be maintained on an up to date basis, which a recommendation has been made to put in accordingly. Evidence was in place to confirm that referrals are made to, and advice is sought from primary health care services and social services. One resident had significant changes in health, and was clearly in need of an up to date review with aligned social worker. A requirement has been made for the home to notify the aligned social worker in writing to review.	Substantially compliant
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
Evidence was in place from review of care records and discussions with staff to confirm that the resident's representative is informed of health and social care appointments and follow up care required.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 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.	COMPLIANCE LEVEL
Inspection Findings:	
There are records in place that monitor the frequency of residents' health screening with aligned health care professional(s).	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations at the time of this inspection, found that residents' personal aids, equipment and appliances maintained to an optimum level.	Compliant

ADDITIONAL AREAS EXAMINED

Care Records

The three residents' care records were reviewed on this occasion. To ease accessibility of information, advice was made for old information to be stored in a separate file as opposed to a high level of historical information in file, which was found to be cumbersome to review.

One resident's care needs was found to have increased significantly. However the care records pertaining to these needs did not reflect this, in terms of assessment, care plan and subsequent review. There were also no up to date assessment in place pertaining to moving and handling, bedrails, and nutrition. Requirements have been made for these issues to be put in place.

The other two residents' care records were generally found to be maintained well in that, although one of these resident's care records needed to be updated in terms of one aspect of significant changes in needs.

Staff Training

A review of staff training records identified that training in moving and handling and first aid for all staff was not maintained on an up to date basis. This was particularly prevalent in the significant changes in one resident's care needs. Requirements have been made in respect of this provision of staff training.

Competency and Capability Assessments

An assessment tool of competency and capability assessment for any member of charge with the responsibility of being in charge in the absence of the registered manager has been devised. A review of this tool found this to be suitable for such roles and duties. However this assessment has not been put in place with staff members with these responsibilities, for which a requirement has been made to put in place.

Accident / Incident Records

A review of these records from the previous inspection found these to be maintained appropriately.

Registered Provider Visits

The reports of these visits were only available up to 30 December 2013, for which a requirement has been made for these to be maintained on an up to date monthly basis.

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:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Hillview

11 April 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 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.

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.	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>	One	completed	11 May 2014
2.	16 (2) (b)	<p>The registered person shall ensure that –</p> <ul style="list-style-type: none"> (b) the resident's care plan is kept under review. <p>Reference to this is made in that any residents who have significant changes in</p>	One	completed	18 May 2014

		assessed need must have a subsequent care plan pertaining to same put in place.			
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>	One	complted	11 May 2014
4.	14 (2) (d)	<p>The registered person shall ensure as far as reasonably practicable that – (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>	One	Four staff already hold first aid certificates, frist available date for first aid course tutor to attend is the 3rd July 2014 .	11 June 2014
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</p>	One	complted	Once

		member with this responsibility.			
6.	29 (1), (3) and (4) (c)	<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>	One	complted	11 May 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

NAME OF REGISTERED MANAGER COMPLETING QIP	Denis John McAllister
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mrs Mary Elizabeth McAllister

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	23 July 2014
Further information requested from provider			