

Unannounced Care Inspection Report

23 June 2016



Hillview

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

1.0 Summary

An unannounced inspection of Hillview took place on 23 June 2016 from 10:30 to 13:45 hours.

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

Is care safe?

There were three areas of improvement identified with this domain.

One requirement was made to put in place a competency and capability assessment for any staff member with the responsibility of being in charge of the home in the absence of the registered manager, in line with legislation.

A recommendation was made for the record of staff training to be maintained on an up to date basis.

A recommendation was also made for the home's policy and procedure to be revised and updated in line with current guidance with the establishment of a safeguarding champion in the home.

Is care effective?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to staff having received training in individual resident's needs, such as diabetes, soft diets and manual handling needs.

Is care compassionate?

No areas of improvement were identified within this domain. There were examples of good practice found during this inspection in relation to the supervision and assistance with the dinner time meal being carried out on an individualised basis in accordance with the residents' aligned care plans.

Is the service well led?

No areas of improvement were identified within this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Denis McAllister the Registered Manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organization/registered provider: Mary McAllister	Registered manager: Denis McAllister
Person in charge of the home at the time of inspection: Denis McAllister	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 3
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 2 plus 1 resident at day care

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

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

Three representative views and six staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Fire safety risk assessment
- Record of complaints
- Policies in the home
- Accident and incidents records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 16 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27(4)(a) Stated: First time To be completed by: 16 May 2016	<p>The fire safety risk must be up dated and if any recommendations are made from this there needs to be corresponding written evidence that these are dealt with.</p> <hr/> <p>Action taken as confirmed during the inspection: The fire safety risk assessment has been updated, (13 May 2016). No recommendations were made from this assessment.</p>	Met

4.3 Is care safe?

The registered manager 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. These were particular prevalent given the high dependency of one resident.

No concerns were raised regarding staffing levels during discussion with staff.

On the day of inspection the following staff were on duty –

- 1 x registered manager
- 1 x care assistant.

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of one completed induction record evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training was regularly provided. This training was largely provided by e-learning. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis. The record of staff training listed only one programme of training for 2016. However there was good provision of training in place, both mandatory and additional. This training was listed as certificates in each staff members' personnel files. In order to ease accessibility of this information a recommendation was made for the record of staff training to be maintained on an up to date basis.

A competency and capability assessment was not in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. Three staff members had this assessment in place but the care assistant on duty and other staff who have such responsibilities had no such assessment. A requirement was made to ensure this assessment is put in place in line with legislation.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staffing in the home is very stable and it was reported that no new members of staff have been recruited of late.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was dated July 2009. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure was in need of review 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. A recommendation was made for this to be put in place. The registered manager was knowledgeable and had an understanding of adult safeguarding principles. Staff had received their update training in safeguarding on 13 March 2016.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken which found the home clean and tidy with a good standard of décor and furnishings being maintained. The overall appearance was akin to a domestic type setting.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

An inspection of residents' care record found that needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

The home's most recent fire safety risk assessment was dated 13 May 2016. No recommendations were made from this assessment.

Review of staff training records confirmed that staff completed fire safety training on 12 April 2016. Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were three areas of improvement identified with this domain.

One requirement was made to put in place a competency and capability assessment for any staff member with the responsibility of being in charge of the home in the absence of the registered manager, in line with legislation.

A recommendation was made for the record of staff training to be maintained on an up to date basis.

A recommendation was also made for the home's policy and procedure to be revised and updated in line with current guidance with the establishment of a safeguarding champion in the home.

Number of requirements	1	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager established that the 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. The care records included 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 records were updated regularly to reflect the changing needs of the resident.

Residents' representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example staff have receive training in individual resident's needs, such as diabetes, soft diets and manual handling needs. This is good practice.

The three care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included multi-professional team reviews, staff meetings and staff shift handovers.

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

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with the two residents at the time of this inspection. Due to levels of dependencies the residents could not articulate their views. However the residents did appear comfortable, content and well cared for.

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection one resident was in attendance at a day care setting. The other two residents were relaxing and resting.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

An appetising dinner time meal was provided for in a nicely appointed dining room. The supervision and assistance with the dinner time meal was carried out on an individualised basis in accordance with the residents' aligned care plan.

Discussion with staff and observation of practice 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' representatives were sought and taken into account in all matters affecting them.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

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

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained. No complaints had been received.

A review of accidents/incidents and 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 staff through discussion at staff meetings.

The registered provider resides in a house adjacent to the home with her husband, who is the registered manager.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents' representatives were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Discussions with the registered manager found that he was knowledgeable about legislation and standards.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The registered manager confirmed that staff could access management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas of improvement were identified within this domain.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Denis McAllister the Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the (Insert Service Type). 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 20(3) Stated: First time To be completed by: 23 August 2016	<p>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.</p> <p>Response by registered provider detailing the actions taken: Completed</p>
Recommendation 1 Ref: Standard 23.6 Stated: First time To be completed by: 23 July 2016	<p>The registered provider should ensure the record of staff training is maintained on an up to date basis.</p> <p>Response by registered provider detailing the actions taken: Completed</p>
Recommendation 2 Ref: Standard 16.1 Stated: First time To be completed by: 23 August 2016	<p>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.</p> <p>Response by registered provider detailing the actions taken: Completed</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqa.org.uk

Web www.rqa.org.uk

 @RQIANews