



The Regulation and
Quality Improvement
Authority

Hillview
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BT54 6JQ

Inspector: John Mc Auley
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**Unannounced Care Inspection
of
Hillview**

25 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 August 2015 from 11:30am to 1:30pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

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

1.2 Actions/ Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/ Registered Person: Mary Elizabeth McAlister	Registered Manager: Denis John McAlister
Person in Charge of the Home at the Time of Inspection: Anne Marie McTaggart	Date Manager Registered: April 2005
Categories of Care: RC-LD, RC-LD(E)	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 3	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents and one staff member.
- We inspected the following records; three residents' care records, accident/ incident reports, fire safety records and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 9 December 2014. The completed QIP was returned and approved by the inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 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. 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.	Met
	Action taken as confirmed during the inspection: This policy and procedure was revised accordingly.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with the staff member in charge in respect of this area of care, she advised that although the occurrence of this need was very infrequent, she considered care as compassionate. She confirmed how with the resident's wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

It was also explained to us that other residents would be informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

The spiritual needs of the resident were assessed. In our discussions we confirmed that staff had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for any resident who is receiving palliative care by district nursing services.

We inspected three residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Is Care Compassionate? (Quality of Care)

The home has a policy and procedure pertaining to death of a resident. This policy and procedure guide and inform staff on this area of care. There is associated guidance available for staff.

In our discussions with the staff member in charge she demonstrated that she had knowledge and understanding of how to care for this area of need. It was also advised us that there is a supported ethos with the management in the home.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective. This standard was found to be fully met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management in their induction. In our discussions with the staff member in charge she demonstrated knowledge and understanding of this area of care.

We inspected three residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff member in charge, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has a policy and procedure pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management in their programme of induction.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private sensitive manner.

Areas for Improvement

There were no areas of improvement identified with this theme inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective. This theme was found to be fully met.

Number of Requirements:	0	Number of Recommendations:	0
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Additional Areas Examined

5.5.1 Residents' Views

We met with all residents in the home. Due to the complexities of resident needs none of the residents could articulate their views about the home. However residents appeared to be comfortable and at ease in their environment and interactions with staff.

5.5.2 Relatives' Views

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

5.5.3 Staff Views

We met with the staff member in charge. She spoke on a positive basis about the workload, training and managerial support. She also informed us that they felt a good standard of care was provided for.

Five staff questionnaires were distributed during this inspection for return.

5.5.4 Staffing

The staffing levels at the time of this inspection consisted of;

- One senior care assistant

There was also available support from the registered manager who lived adjacent to the home and was in the home at the onset of the inspection and readily available as needed.

These levels were found to be appropriate to meet the residents' needs, taking account of the layout of the home at the time of this inspection.

5.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

5.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

An appetising nutritional dinner time meal was provided for. The supervision and assistance during this was found to be done very well with the staff member in charge having good knowledge and understanding of residents' needs.

One resident had particular complex needs. Discussions with the staff member in charge, together with a review of care records and observations of care practice found that staff were adequately trained in meeting this resident's needs. This included training in the assessed equipment and aids provided for this resident.

No obvious restrictive practices were observed.

5.5.7 Fire Safety

We reviewed the home's most recent fire safety risk assessment, as dated 1 October 2014. An action plan was in place for recommendations made from this assessment.

Fire safety training including fire safety drills were maintained on an up to date basis.

The records of fire safety checks in the environment were well maintained.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

5.5.8 Complaints

A review of the record of complaints together with discussions with the staff member in charge confirmed that expressions of dissatisfaction are taken seriously and managed appropriately.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected. The overall assessment of these additional areas examined considered these to be compassionate, safe and effective.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	yes	Date Completed	8/10/15
Registered Person	yes	Date Approved	8/10/15
RQIA Inspector Assessing Response	John McAuley	Date Approved	12/10/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.