



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Hebron House (1529)
Date of Inspection: 13 August 2014
Inspector's Name: Priscilla Clayton
Inspection ID: IN017594

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Service:	Hebron House (1529)
Address:	84-86 Main Street Markethill BT60 1PL
Telephone number:	02837551357
E mail address:	norman@ntwylie.co.uk
Registered Organisation/ Registered Provider:	Mr Norman Thomas Wylie and Mrs Jean Mildred Wylie
Registered Manager:	Mrs Mildred Wylie
Person in charge of the home at the time of inspection:	Mrs Mildred Wylie
Categories of care:	RC-LD ,RC-LD(E), RC-MP
Number of registered places:	21
Number of residents accommodated on Day of Inspection:	13
Scale of charges (per week):	As per commissioning trust contract
Date and type of previous inspection:	25 November 2013 (Primary Announced Inspection)
Date and time of inspection:	13 August 2014 (10.55 – 3.15pm)
Name of Inspector:	Priscilla Clayton

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 an unannounced secondary 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 unannounced secondary inspection was to ensure that 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. 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

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

- Discussion with the registered manager / provider and governance lead
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff.
- Consultation with several residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 20, with a focus on criteria 20.6, 20.7, 20.8, 20.9, 20.15, 20.16, 20.17 20.18 & 20.19

5.0 The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

6.0 Profile of service

Hebron Residential Care home is situated in the centre of Markethill town within easy reach of all community facilities.

The home is owned and operated by Norman and Mildred Wylie. Mildred Wylie is also the manager and has been registered manager since 2007.

The home provides accommodation on three floors. Bedrooms are provided on the ground and first floors with two flat type accommodation on the bottom floor for more independent residents.

Accommodation for residents is provided single bed rooms. Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining area is provided and located on the ground floor

The home also provides for catering and laundry services which are situated on the ground floor.

The home is registered to provide care for a maximum of 21 persons under the following categories of care:

Residential care

MP	<i>Mental disorder excluding learning disability or dementia</i>
LD	<i>Learning Disability</i>
LD(E)	<i>Learning Disability – over 65 years</i>

7.0 Summary of inspection

This secondary unannounced care inspection of Hebron House was undertaken by Priscilla Clayton on 13 August 2014 between the hours of 10.55am and 3.15pm. Mildred Wylie, registered manager, was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Stanley Kingsmill, governance lead for the home was also available throughout the inspection and was in attendance during feedback at the conclusion of the inspection..

As the previous inspection resulted in no recommendations or requirements being made, no follow up was required during this inspection.

The focus of this unannounced inspection was on standard 20 (management and control of operations) criteria 20.6, 20.7, 20.8, 20.9, 20.15, 20.16, 20.17 20.18 & 20.19

The home was found to be compliant with all criteria examined. Recommendation was made in regard to the inclusion of the review date in the Resident Guide and inclusion of the staff support mechanisms in the “Whistle Blowing” policy. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a

general inspection of the residential care home environment. Residents were observed moving freely around the home, socialising with their peers and going in and out of the home to do shopping and having coffee in the local café. There was evidence of staff presence throughout the inspection. Staff interaction with residents was noted to be friendly and respectful.

In discussion with residents they indicated that that they were very happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were very well supported by management in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their duties. Staff made comment on the “open door” approach provided by the manager and governance lead.

Comments received from residents and staff is included in section 10.0 of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also examined these included management arrangements, environment, fire safety and care practice. Further details can be found in section 10.0 of the report.

Two recommendations were made as a result of the secondary unannounced inspection, details 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, registered manager, governance lead and staff for their assistance and co-operation throughout the inspection process.

8.0 No requirements or recommendations resulted from the secondary unannounced inspection of Hebron House which was undertaken on 25 November 2013

9.0 Standard 20 (management and control of operations) criteria 6,7,8,9,15,16,17,18 and19.

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.6 The statement of purpose is kept under review.	COMPLIANCE LEVEL
Inspection Findings: The home has an up to date version of the Statement of Purpose, dated May 2014, which was readily available to the inspector.	Compliant
Criterion Assessed: 20.7 Any change to: - <input type="checkbox"/> Part 1 of the statement of purpose <input type="checkbox"/> The person registered on behalf of the organisation or any change in: - <input type="checkbox"/> The registered manager, or <input type="checkbox"/> The registered premises is made only with the approval of the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings: The manager confirmed there has not been any recent changes in the home which would necessitate review of The Statement of Purpose. The manager demonstrated knowledge of the procedure to follow when seeking approval from RQIA should change be anticipated.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.8 An up-to-date and accurate register of residents accommodated in the home is kept and is available for inspection at all times. (See Appendix 1)	COMPLIANCE LEVEL
Inspection Findings:	
The home retains a residents' register. Examination of the register evidence that this was accurate reflecting details as required.	Compliant
Criterion Assessed: 20.9 The residents' guide is kept under review, revised when necessary and updated versions are provided to the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings:	
The updated version of the residents guide was examined and discussed with the governance lead of the home. The home is to be commended on the pictorial layout of the document. Staff confirmed that each resident or their representative receives a copy on admission. The inclusion of the review date on the document was recommended.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.	COMPLIANCE LEVEL
Inspection Findings:	
Comprehensive records of matters listed within this criterion were being retained in the home. These included description, action taken, outcome, preventable measures and follow up. Cross referencing of records retained with notifications submitted to RQIA evidenced compliance with Regulation 30 of The Residential Care Homes Regulations.(Northern Ireland) 2005. Other organisations including the commissioning trust and health and safety would be notified.	Compliant
Criterion Assessed: 20.16 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager produced recorded evidence of a wide range of up to date training, attendance at seminars and lectures in regard to the management and provision of services.	Compliant
Criterion Assessed: 20.17 The registered manager provides the Regulation and Quality Improvement Authority with documentary evidence of their registration with the relevant regulatory body annually and/or on request.	COMPLIANCE LEVEL
Inspection Findings:	
The manager provided documentary evidence of registration with UKCC. Examination of the registration evidenced that registration was current with a renewal date set for 2015..	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.18 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.	COMPLIANCE LEVEL
Inspection Findings: The home has a written policy on “Whistle Blowing”. Appended to the document is a memorandum from the Minister for Health, Social Services and Public Health dated 22 March 2012, entitled your right to “whistle blow”. Review / revision of the policy is recommended to include the additional detail in regard to support mechanisms currently available to the whistle blower.	Compliant
Criterion Assessed: 20.19 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	COMPLIANCE LEVEL
Inspection Findings: The manager operates an “open door” approach to all staff who wish to meet with her at any time. Additionally this approach also applies to the governance lead who meets with staff on a regular basis. Other mechanisms available to staff include, confidentiality, advocacy support, counselling and one to one supervision which is held on a regular basis and can also be requested by staff at any time.	Compliant

ADDITIONAL AREAS EXAMINED

10.0 Management arrangements

Mildred Wylie is the registered manager and registered provider of the home and is supported in his role by Norman Wylie, registered provider and Stanley Kingsmill, governance lead for the home.

There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity.

Management systems and arrangements are in place that support and promote the delivery of services.

At operational level support is provided by a mixed skill care team and ancillary staff.

Identified senior staff is in charge of the home when the manager is off duty. The manager confirmed that all “acting up” care staff has had competency and capability assessments undertaken with records of same retained.

10.1 Resident’s consultation

The inspector met with most residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were moved freely around the home. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- “I love it here and would never want to move”
- “My room is nice I have lots of CDs and will get more sometime soon”
- “Mildred is good and we go out for coffee sometimes”
- “I like going out for messages to the shops”
- “We are going to have a great day on Saturday when the fair comes to town”
- “I’m looking forward to going out to the beautician today”
- “I’m going out to have my hair styled later today”

10.2 Relatives/representative consultation

No relatives visited during the inspection

10.3 Staff consultation

The inspector spoke with care staff on duty. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff confirmed that supervision, appraisal, training and team meetings were held.

10.4 Visiting professionals' consultation

No professional visited the home during the inspection.

10.5 Care practice

Ten of the thirteen residents accommodated were in the home at the time of inspection. Three residents attended day care. All residents were observed to be nicely groomed with obvious care and attention to personal care needs. Residents were relaxed and spoke freely with the inspector.

Throughout the inspection staff was observed interacting with residents in a friendly respectful manner. Individualised care records / care plans were being maintained and available to staff. There was evidence of a wide range of therapeutic activity which was planned in accordance with each resident's choice. One resident attended the beautician while another went to have their hair styled in a nearby saloon. Residents also participated in the planned activities.

10.6 Environment

The inspector viewed the home, accompanied by one resident who took the lead, providing good information on all facilities available. With resident consent a number of residents' bedrooms were viewed and communal areas inspected.. The areas of the environment inspected presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

10.7 Fire safety

Staff training records evidenced that mandatory fire training is provided twice yearly. Records of training were in place. All fire doors were closed and fire exits unobstructed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager, 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:

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



QUALITY IMPROVEMENT PLAN

Secondary Unannounced Care Inspection

Hebron House

Date of Inspection: 13 August 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 timescales commence from the day of the inspection.

The specific actions set out in the Quality Improvement Plan were discussed with the registered manager during and on conclusion of 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 RQIA would apply standards current at the time of that application.

RECOMMENDATIONS: These promote current good practice and, if adopted by the registered person, may enhance service quality, care practice and delivery. These following recommendations are based on the below standards, as well as research, recognised sources and evidence based practice. The HPAS (Quality, Improvement and Regulation (Northern Ireland) Order 2003 The Residential Care Homes Minimum Standards (2011)					
No.	Reference	Recommendation	Number of Times Stated	Details of Action Taken by Registered Person/s	Timescale
1	Standard 20.18	<u>Policy / Procedure – "Whistle Blowing"</u> Review of the document is recommended to include additional detail in regard to procedure and support mechanisms available	Once	Policy/Procedure Whistleblowing has been reviewed and updated to include additional detail of support mechanisms, including RQIA guidance for whistle blowing	31 October 2014
2	Standard 20.9	<u>Resident Guide</u> It is recommended that the review date is recorded on this document.	Once	Review dates are recorded as recommended	31 October 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 return to: care.team@rqia.org.uk

Name of registered manager completing QIP	Mildred Wylie	23/09/14
Name of responsible person/identified responsible person approving QIP	Norman Wylie	23/09/14

(For RQIA/Inspector Completion) QIP Position Based on Comments from Registered Persons			Inspector	Date
A.	Quality Improvement Plan response assessed by inspector as acceptable	Yes / No	<i>P. C. W.</i>	29/9/14
B.	Further information requested from provider	Yes / No		