



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report 4 September 2018



## Hebron House

**Type of Service: Residential Care Home**  
**Address: 84-86 Main Street, Markethill, BT60 1PL**  
**Tel No: 028 3755 1357**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 21 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Hebron House  <b>Responsible Individual(s):</b> Norman Wylie Mildred Wylie	<b>Registered Manager:</b> Mildred Wylie
<b>Person in charge at the time of inspection:</b> Mary Flack, Senior Care Assistant Mildred Wylie and Stanley Kingsmills, the governance lead were also available during the course of this inspection	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 21

### 4.0 Inspection summary

An unannounced care inspection took place on 4 September 2018 from 10.00 to 13.20 hours.

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

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal and risk management. Good practice was also found in relation to management of complaints and incidents, governance and maintenance of good working relationships.

No areas requiring improvement were identified at this inspection.

Feedback from residents was all positive in regards to their life in the home, relationship with staff, the provision of meals and the provision of activities and events.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Flack, Senior Care Assistant, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 22 February 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the eight residents, six members of staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. 10 questionnaires were returned by residents and their representatives within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- Residents' progress records
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control records
- Equipment maintenance records
- Accident, incident, notifiable event records

- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Programme of activities
- Policies and procedures

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 February 2018

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 22 February 2018

There were no areas for improvements made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Management staff advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

An inspection of a sample of two completed induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection. Records of staff training, supervision and appraisal were maintained in an organised and methodical manner.

Discussion with staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Senior staff cover in the home was reported to be very stable with no turnover of senior staff.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. A sample of two staff files were inspected. This confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files inspected confirmed that AccessNI information was recorded and managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with management staff, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Management staff stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). No obvious restrictive care practices were observed at the time of this inspection.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The home's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted. There had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

Management staff were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Communal lounges were comfortable and nicely facilitated. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

No malodours were detected in the home.

The catering facility was tidy and well organised.

Risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, such as Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc.

The last Legionella risk assessment was on 6 April 2018 and it was confirmed that recommendations from this assessment had been dealt with.

It was established that one resident smoked. An inspection of these care records identified that a risk assessment and corresponding care plan was completed in relation to smoking.

Management staff advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The last review of Lifting Operations and Lifting Equipment Regulations (LOLER) was on August 2018.

The last fire safety risk assessment was on 22 November 2017 and it was confirmed that recommendations from this assessment had been dealt with.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. The last fire safety drill was for night staff on the 1 September 2018 and put in place by the registered persons. This is good practice. Fire drills were also completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

10 completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, risk management and the home's environment.

### Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

### The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection/General Data Protection Regulation (GDPR).

An inspection of a sample of three residents' care records was undertaken. These records were maintained in line with the legislation and standards. They included an 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 needs assessment and risk assessments such as



manual handling, nutrition and falls were reviewed and updated on a regular basis or as changes occurred.

An inspection of residents' progress records confirmed that issues of assessed need had a recorded statement of care given with effect of same.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by the resident and/or their representative.

An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. An example of this was observed on how staff assisted one particular resident with her comfort and mobility needs which were similar to those identified in the aligned care records.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. Added to this was the staff and the cook's knowledge and understanding of residents' preferences and dietary needs and how they acted positively on this with residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The dining room was nicely facilitated to create a suitable ambience for residents to enjoy their meals.

Discussion with staff confirmed that wound care was managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin.

Management staff advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care reviews, accidents and incidents, environment and catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

Systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The minutes of staff meetings and resident and/or their representative meetings were readily available for inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

10 completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

### Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

Discussions with staff confirmed that there was a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Residents and staff advised that consent was sought in relation to care and treatment.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were polite, friendly and supportive. Residents were found to have a nice relaxed rapport with staff and management. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example this was demonstrated with how some residents enjoyed assisting staff with light household tasks or messages and how fulfilment from this was gained.

Discussion with residents confirmed that residents' spiritual and cultural needs were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Care plans, menus and the activity programme, for example, were written in a pictorial format.

Discussion with residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example this was observed with staff on how they facilitated residents' social needs and in particular needs of reassurance.

Residents were encouraged and supported to actively participate in the annual reviews of their care.

The inspector met with all the residents in the home at the time of this inspection. In accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff and management, the provision of meals and the provision of activities and events. Some of the comments made included statements such as;

- "I had a lovely trip out there on Saturday to the show in Gosford Park"
- "It's great here"
- "I love the staff"
- "It's brilliant here. All the staff are brilliant and it's like one big family"

Discussion with residents, staff, and observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection, five residents were out in attendance at their day care placements. The other residents in the home were relaxing, watching television, helping with light household tasks and messages and/or enjoying the company of one another and staff. Arrangements were in place for residents to maintain links with their friends, families and wider community. Added to this three of the residents were keen to express their delight at a recent holiday to Portrush which included a day trip to Rathlin Island.

10 completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

### **Areas for improvement**

No areas for improvement were identified in relation to this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager stated that the 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 with RQIA.

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

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Discussion with staff confirmed that they had received training on complaints management on October 2017 and were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. The governance lead advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The governance lead advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the governance lead manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

For example staff had recently received specific moving and handling training and oxygen training to meet a resident's needs.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. The last three months 'reports were inspected and found to be maintained appropriately. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. Discussion with staff also confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

10 completed questionnaires were returned to RQIA from residents and their representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified in relation to this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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