



# Unannounced Care Inspection Report 5 November 2019



## Hebron House

**Type of Service: Residential Care Home**  
**Address: 84-86 Main Street, Markethill, BT60 1PL**  
**Tel no: 028 3755 1357**  
**Inspector: Laura O'Hanlon**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 21 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mr Norman Thomas Wylie Mrs Jean Mildred Wylie	<b>Registered Manager and date registered:</b> Mildred Jean Wylie 01 April 2005
<b>Person in charge at the time of inspection:</b> Mary Flack, senior care assistant. The registered manager joined the inspection within 30 minutes of commencement.	<b>Number of registered places:</b> 21
<b>Categories of care:</b> Residential Care (RC) MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 10

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 10.20 to 15.30.

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 recruitment and training, interactions between the staff and the residents, working relationships and teamwork in the home.

No areas requiring improvement were identified during this inspection.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents, people who visit them and professionals and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Mildred Wylie, registered manager, 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 inspection dated 14 February 2019

No further actions were required to be taken following the most recent inspection on 14 February 2019.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas
- staff training schedule
- two staff recruitment and induction record
- three residents' records of care
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate
- supervision and appraisal planners
- staff competency and capability assessments

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

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

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

The atmosphere in the home was warm and relaxed with staff assisting and talking with residents in a friendly and respectful manner. Throughout this inspection residents told us they felt safe in the home and that they were well cared for. Residents also advised that staff attended to their needs in a caring and kind manner.

#### **Staffing and recruitment**

We could see that throughout the day there was always sufficient staff to meet the needs of the residents and this was reflected in the duty rota. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We saw that competency and capability assessments were in place for staff in charge of the home in the manager's absence.

Two staff recruitment records were reviewed and maintained to a good standard containing all the necessary documents. Staff told us they completed an induction relevant to their roles and responsibilities.

#### **Staff support**

Discussion with the staff confirmed that they felt supported in their roles. Staff told us they felt supported in their role within the home and that they could approach the manager at any time.

A system was in place for managing staff supervision and appraisal in accordance with the requirements. Staff told us that they felt comfortable about reporting concerns to the manager.

#### **Staff training**

A programme of staff training was in place. This included mandatory training and additional training areas to meet residents' assessed needs, such as training in epilepsy management. Staff spoke positively about the provision of training.

#### **Safeguarding residents from harm**

Staff shared a good knowledge of safe guarding procedures and could describe how to raise a concern even in the absence of the manager. The manager was able to describe how safeguarding referrals would be made to the trust and who to contact.

## Environment

The home was clean and tidy with a good standard of décor and furnishing being maintained. Communal seating lounges were pleasantly furnished with comfortable seating. Residents' bedrooms were well equipped and personalised for each resident. Bathrooms and toilet facilities were clean and hygienic. Infection prevention aids and equipment were readily accessible.

## Fire safety

Fire safety records and training confirmed that all staff had participated in fire safety drills.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

## Areas for improvement

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

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

### 6.3 Is care effective?

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

## Staff communication and teamwork

We could see that the residents were well cared for and that the staff responded well to help and support the residents. Staff communicated well and demonstrated good teamwork in meeting the resident's needs. There were systems in place to ensure effective communication across the staff team. Such systems included daily staff handovers and staff meetings, where concerns or information is passed on in relation to the care of residents. At the handovers staff also agree the delegated duties for the provision of care for each resident.

## Care records

We reviewed three care records. The records were written in a professional manner and used language which was respectful of residents. The records of assessments, care plans and risk assessments were completed and reviewed on a regular basis. Care plans were reflective of the needs of the residents and updated to reflect recommendations from the multi-disciplinary team and current guidance. For example, care plans referred to the updated dysphagia guidance. Review of the progress notes confirmed that there was a recorded effect of care and treatment provided in the home.

**Effectiveness of care**

General observations of care practices throughout this inspection found that care was delivered in person centred manner. For example, residents’ comfort and social needs were facilitated by individual choice and wishes.

Residents were well groomed with clean fresh clothing. Glasses and walking aids appeared in good working order. Staff were able to tell us about the individual needs of residents and how these would be met in the home.

Staffing in the home is very stable which is to be commended. Interactions between the staff were friendly and supportive. One staff comment was:

- “I really enjoy working here; there is good teamwork and everyone works well together.”

During the inspection a visiting professional called to the home and made the following comments:

- “The staff here are very good at reporting any issues. They always know the residents very well. There is very good communication. This is a good staff team.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.4 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.**

Observations throughout the inspection confirmed that all residents were treated with dignity and respect.

**Compassionate care**

Residents could be seen to be comfortable, relaxed and at ease in their interactions with staff and with their environment. Some preferred to enjoy the company of one another in a communal sitting room, others choose to relax or partake in pastimes of choice.

Staff interactions were seen to be polite, friendly, warm and supportive. Choice was offered in the provision of residents’ meals and snacks.



Photographs were displayed of activities and events held in the home showing resident participation. The residents talked openly about the arts and crafts available in the home and how much they enjoyed this activity. A number of the residents went out for a short walk accompanied by a staff member.

The genre of the television programmes and choice of music was appropriate to the age group and taste of residents.

The staff had knowledge of residents’ personal background and interests that helped them meet their social well-being. Residents’ bedrooms were personalised to a good effect in that it added to residents’ comfort, make-up and individuality.

Comments made by residents during the inspection were:

- “I love it here. The staff are so good to me; they take me shopping. Mildred helped me sort out my room.”
- “I feel safe in here. The staff all come to me quickly if I use my buzzer.”
- “I love it here, the staff are very good to me.”

Comments made on returned questionnaires included:

- “I love it Hebron very much. The food is very nice. The staff are very kind. The rest of the residents are friends to me. I do my own thing in Hebron.”
- “I feel very comfortable here. I love my new bed. I like the staff. This is a good home.”
- “I am very happy with everything.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to feedback from residents and the general observation of care practices and atmosphere in the home.

**Areas for improvement**

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

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

**6.5 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.**

There is a clear management structure within the home and the manager was available throughout the inspection process. All staff spoken with commented positively about the manager and described her as supportive and approachable. One staff comment was:

- “Mildred is a great boss, very approachable and supportive.”



## Management and governance arrangements

The report of the visits undertaken by the provider's representative dated 31 October 2019, 23 September 2019 and 31 August 2019 were reviewed. These reports confirmed good governance systems and robust action planning.

## Management of accidents/incidents

An inspection of accidents and incident reports 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 inspected as part of the inspection process. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance arrangements and maintenance of good working relationships.

## Areas for improvement

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

	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.



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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**🐦** @RQIANews

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