

**Unannounced Care Inspection  
of  
Hebron House  
  
8 March 2016**

## 1. Summary of Inspection

An unannounced care inspection took place on 8 March 2016 from 10:30 to 14:00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. No areas for improvement were identified during this inspection.

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

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	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

<b>Registered Organisation/ Registered Person:</b> Norman Wylie Mildred Jean Wylie	<b>Registered Manager:</b> Mildred Jean Wylie
<b>Person in charge of the home at the time of inspection:</b> Stanley Kingsmill Operations Manager then the registered manager from 11:45am	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E), RC-MP	<b>Number of registered places:</b> 21
<b>Number of residents accommodated on day of inspection:</b> 6 plus 7 residents at day care placements	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to determine if the following standard has been met:

#### **Standard 1: Residents' Views and Comments Shape the Quality of Services and Facilities Provided by the Home.**

### 4. Methods/ Processes

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

- prior to inspection we analysed the following records; notification reports and the previous inspection report
- during the inspection we met with six residents, four staff, the operations manager and the registered manager
- we inspected the following records; residents' care and advocacy records, monitoring reports, complaints records, quality assurance questionnaires and accident/ incident reports

### 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 15 July 2015.

#### 5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 15 July 2015.

No requirements or recommendations resulted from this inspection.

#### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

##### **Is Care Safe? (Quality of Life)**

Staff actively seek residents' views and comments and incorporate these into practice to ensure choices, issues of concern or risks are recorded and acted upon.

In our discussions with residents in accordance with their capabilities, they confirmed that their views and comments were taken account of. Two residents gave examples of how residents' views were acted upon through an advocacy group and an independent living group. These residents confirmed that they felt the advocacy group was a good platform to be supported in raising any issues. The residents also explained how the independent living group organised by the home, taught them skills of washing clothes, cooking, road safety and safeguarding. This is to be commended.

We inspected two residents' care records and found those residents' choices and preferences were recorded. The care plans inspected were signed by the resident and/ or their representative.

We inspected records of three residents' advocacy meetings. These records were maintained in informative detail with good evidence of resident consultation.

In discussions with residents they confirmed that residents' meetings were held on a regular basis.

### **Is Care Effective? (Quality of Management)**

We found that there was a range of methods and processes in place where residents and their representatives' views are sought. This was reflected within the care management reviews, record of residents meetings, advocacy, and registered provider monthly visits.

Residents reported to us that they would have no difficulty in reporting concerns or suggestions to management and felt confident that they would be listened to.

One resident explained to us how she/ he were involved in the selection of new staff to the home. This resident explained how management supported this and how this gave her/ him a great sense of fulfilment and pride. This is to be commended.

Staff confirmed that there is an open door policy within the home for residents and relatives who wish to highlight any issues. This open door policy was observed in practice during this inspection.

An inspection of the record of complaints together with discussions with the operations manager found that expressions of dissatisfaction were taken seriously and managed appropriately.

The home had quality assurance questionnaires for residents. These reports help formulate the annual quality assurance report.

The registered provider monthly visit reports amongst other issues gave account of discussions with residents and any visiting relatives.

### **Is Care Compassionate? (Quality of Care)**

Discussion with staff demonstrated that they were knowledgeable about residents' needs. In our discussions with staff we identified that residents were listened to and responded to by staff.

Staff reported to us examples of how they incorporated their knowledge of values in their practice with residents. This included asking residents what they want at meal-times and choice of activity.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **Areas for Improvement**

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## **5.4 Additional Areas Examined**

### **5.4.1 Residents' Views**

We met with six the residents in the home at the time of this inspection. In accordance with their capabilities, they expressed or indicated that they were happy with their life in the home, their relationship with staff, and the provision of meals.

Some of the comments made included statements such as;

- "I love it here. I have good friends here"
- "They are great here"
- "I am very happy"
- "We all get on well together and look after one another, like a family".

### **5.4.2 Relatives' Views**

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

### **5.4.3 Staff Views**

We met with four staff of various grades, as well as the operations manager and the registered manager. Staff spoke on a positive basis about their duties, teamwork, training, managerial support and staff morale. Staff informed us that they felt a good standard of care was provided for.

### **5.4.5 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.

### **5.4.6 Accident/ Incident Reports**

We inspected these reports from the previous inspection to date of this inspection. These were found to be appropriately managed and reported.

### **5.4.6 Care Practices**

Throughout our discreet observations of care practices we observed residents being treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place.

An appetising lunchtime choice of meal was provided in a well-appointed dining room.

There were no obvious restrictive care practices with residents found to be comfortable, content and at ease in their environment and interactions with staff.

## Staffing

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

- 1 x registered manager from 11:45am
- 1 x operations manager
- 1 x senior care assistant
- 1 x care assistant
- 1 x domestic
- 1 x cook from 12 midday
- 1 x administrator

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

## Areas for Improvement

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

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 service. 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.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Mildred Wylie	<b>Date Completed</b>	16/03/16
<b>Registered Person</b>	Norman Wylie	<b>Date Approved</b>	16/03/16
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	18/03/16

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

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**