



# Unannounced Care Inspection Report

## 11 March 2021



## 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 residential care home registered to provide 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> Rachel Neville, senior care assistant	<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>Number of residents accommodated in the residential home on the day of this inspection:</b> 7

### 4.0 Inspection summary

An unannounced inspection took place on 11 March 2021 from 10.45 to 15.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they were happy with the care provided in the home and that staff were kind to them.

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, manager, as part of the inspection process and can be found in the main body of the report.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six residents and three staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the person in charge with 'Tell us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- two staff competency and capability assessments
- staff training records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of the Regulation 29 monitoring reports
- COVID-19 information file
- RQIA registration certificate.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 5 November 2019. There were no areas for improvement identified as a result of the last care inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

During the inspection we could see that residents' needs were met promptly by the staff on duty. The person in charge explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents and that the manager would adjust the staffing levels when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.

Staff were knowledgeable about the needs of the residents and were seen to speak to them kindly and with warmth. Staff told us that teamwork was good and that the manager was both supportive and approachable. The staff reported that they all work together for the benefit of the residents. Staff spoken with commented positively on their work in the home; some comments included:

- "There is great team work here and there is always enough staff on duty. We all cover for each other and help each other out."
- "This is a really good home; this is the residents' home and I come into work in it. There is really good care provided here; we are like a family. There are enough staff on duty. I feel supported in my work and I am really happy working here."

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names and grades of staff and the person in charge of the home in the absence of the manager was clearly identified.

We reviewed two staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC).

There was an overview of staff training in place which included mandatory training and additional training where this was required.

### 6.2.2 Infection prevention and control procedures (IPC)

Information and signage was displayed at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed; hand sanitiser and the recommended Personal Protective Equipment (PPE) was available.

Staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. We observed that staff used PPE according to the current guidance. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to don and doff PPE correctly.

### 6.2.3 Care delivery

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. One comment was:

- "I feel very safe in here. The staff get me everything I want. I am very happy."

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. A daily menu was displayed within the dining room which offered a choice of two main meals.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. One resident advised that they had completed a Zumba class this morning in the home. Staff were very aware of each resident's likes, dislikes and strengths and were easily able to redirect a resident when this was required.

### 6.2.4 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

## 6.2.5 Environment

We reviewed the environment and looked at a selection of bedrooms, bathrooms, lounges, the dining room, storage areas and the treatment room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. Corridors and fire exits were clear of obstruction.

We discussed with the manager about refurbishment plans as some items of furniture and décor in the home was tired and in poor condition. The manager agreed to review this going forward and this will be followed up at the next inspection.

## 6.2.6 Governance and management arrangements

There is a clear management structure within the home. The manager confirmed that she undertakes a daily walk around the home so that she is appraised with everything. All staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

A system of audits was in place in the home. Examples of such audits reviewed were, the management of IPC, environmental cleaning and care records. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

A review of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately. The records contained details of the complaint; action taken; resolution and confirmation whether the complainant was satisfied with the outcome. Records of compliments were also retained in the home.

There was a system in place regarding the reporting of notifiable events. Notifiable events including accidents and incidents were monitored on a monthly basis. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

### Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### **6.3 Conclusion**

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met.

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

### **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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