

# Unannounced Care Inspection Report 19 January 2017



## 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

## 1.0 Summary

An unannounced inspection of Hebron House took place on 19 January 2017 from 12:45 to 15:00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practices found throughout this inspection in relation to induction, training, supervision and appraisal of staff and infection prevention and control.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practices found throughout this inspection in relation care records and residents' consultation in this process.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practices found throughout this inspection in relation feedback from residents, activities and events and general observations of care practices.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practices found throughout this inspection in relation governance arrangements, quality improvement and management of complaints and incidents.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 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 were discussed with Stanley Kingsmill, governance lead, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 28 June 2016.

## 2.0 Service details

<b>Registered organisation/registered provider:</b> Mildred Jean Wylie and Norman Wylie	<b>Registered manager:</b> Mildred Jean Wylie
<b>Person in charge of the home at the time of inspection:</b> Anna Pierzchala – senior care assistant then joined later by Stanley Kingsmill, governance lead	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> MP - Mental disorder excluding learning disability or dementia LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 21

## 3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection reports for 2016 period and accident and incident reports.

During the inspection the inspector met with nine residents, five members of staff of various grades and the governance lead.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- A sample of competency and capability assessment
- Staff training schedule/records
- Resident's progress records
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control policy and procedure
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc,
- Programme of activities
- Policies and procedures manual

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 11 October 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 28 June 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.3  <b>Stated:</b> First time  <b>To be completed by:</b> 28 July 2016	The registered provider should ensure that records relating to staff Access NI confirmation are stored in accordance with Access NI's Code of Practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was confirmed to be acted on accordingly.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 19.2  <b>Stated:</b> First/ time  <b>To be completed by:</b> 28 July 2016	The registered provider should ensure that one of the two references obtained for an applicant is from their present or most recent employer.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This was confirmed to be acted on accordingly.	

#### 4.3 Is care safe?

The senior care assistant in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the governance lead and 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 appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

The senior care assistant in charge 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; records of competency and capability assessments were retained. A sample of a staff competency and capability assessments was reviewed and found satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the governance lead confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established and as well as training in this role.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. 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 the governance lead, inspection of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The governance lead confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the governance lead identified that the home did not accommodate any individuals whose assessed needs could not be met.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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).

The governance lead confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

The governance lead confirmed there were risk management policy and procedures in place. Discussion with the governance lead and review of the home's policy and procedures relating to

safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. 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 and staff. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The governance lead reported that 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.

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

Inspection of the internal environment identified that the home and grounds were 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.

The home had an up to date fire risk assessment in place dated 1 August 2016. The one recommendation from this assessment was reported to been addressed.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of 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 (PEEPs) in place.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

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

A review of care records confirmed that these 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 were reviewed and updated on a regular basis or as changes occurred.

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 reviewed were observed to be signed by the resident and /or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflected on how residents' individual social needs and interests were met.

Records were stored safely and securely in line with data protection.

The governance lead confirmed 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, incidents and the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The governance lead also report that he is currently working on the annual quality assurance report.

The governance lead confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

Minutes of resident and/or their representative meetings were reviewed during the inspection.

A review 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.

The governance lead confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### **4.5 Is care compassionate?**

The inspector met with nine residents at the time of this inspection. Six of these residents were on their way out to a planned activity in a local community centre, whilst another four residents were already out of the home at day placements.

In accordance with their capabilities all the residents confirmed that they were happy with their life in the home and their relationship with staff.

Some of the comments made included statements such as;

- “I just love it here. It’s a great home. I am very happy here”
- “This is a great place. We all get on great here”.

Added to this two residents were keen to express their views on the provision of activities and events. One resident expressed fulfilment and pride at an arts exhibition which was being held in Armagh theatre the following week. This exhibition was displaying works done by residents and invites had been sent to wider community stakeholders. This resident talked about how this was being organised and how this brought a sense of ownership to residents in the home. This is to be commended.

Another resident talked about a forthcoming motorcycle event which he was looking forward to. He talked about how he enjoyed these previous events and how he shared a mutual interest in this with the member of staff bringing him to it.

Discussions with staff confirmed that they felt staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with residents and staff confirmed that residents’ spiritual and cultural needs the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidence by a review of care records in that one resident who had identified needs pertaining to distressed behaviour had an aligned care plan in consultation with himself to support and alleviate these symptoms.

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.

The governance lead and residents confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff interactions with residents were observed to be polite, friendly, warm and supportive. An example of such was discreetly observed on how the cook interacted with one resident regarding what they would like to prepare for lunch and what their likes and dislikes were.

Discussion with residents and observations of care practices confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents’ meetings, care review meetings and day to day contact with management.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. This report was currently being worked on. Discussion with residents and staff and observation of care practices confirmed that residents were enabled and supported to engage and participate in meaningful activities.



This was also reflected on the overall atmosphere in the home being relaxed, homely and comfortable. Televisions and music systems were programmes at channels in accordance with residents' age group, taste and choice, with two residents observed to be benefitting from this.

Arrangements were in place for residents to maintain links with their friends, families and wider community. For example two residents described how they continued to have contact with their family and how the home facilitated such.

### Areas for improvement

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The governance lead confirmed 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 Residents' Guide, residents' meetings and information displayed on same. Discussion with senior care assistant confirmed she was knowledgeable about how to receive and deal with complaints.

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 and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The senior care assistant confirmed that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit 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, trust representatives and RQIA to read. The reports of December 2016 and January 2017 were inspected and these were found to be satisfactorily maintained.

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. Discussion with the governance lead confirmed he had a good understanding of the registered persons' roles and responsibilities under the legislation.

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

Review of records and discussion with the governance lead and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The governance lead confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The governance lead confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The governance lead confirmed that there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **Areas for improvement**

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

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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