

Inspection Report

14 May 2024



Hillside Residential Unit

Type of service: Residential Care Home
Address: 23a Mountfield Road, Omagh, BT79 7EL
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Dunluce Healthcare Bangor Ltd	Registered Manager: Ms Edel Shalbinski
Responsible Individual: Mr Ryan Smith	
Person in charge at the time of inspection: Ms Edel Shalbinski	Number of registered places: 13
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 residents. Accommodation is over two floors. There is a Nursing Home which is within the same building and is managed by another Manager.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2024, from 9.10am to 2pm. The inspection was conducted by a care inspector.

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

Residents said that they were very happy in the home and staff were kind and supportive.

Staff spoke positively on their views on the provision of care, training, teamwork and managerial support.

There was a nice ambience and atmosphere in the home.

One area requiring improvement was identified during this inspection. This was in respect of staffing levels.

In addressing this one area of improvement RQIA will be assured that the delivery of care and service provided in Hillside Residential Unit is safe, effective, compassionate and that the home is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they felt well cared for and that staff were kind and attentive. One resident said; "It's a grand place. Everything is very good. It's a nice peaceful place. Good food and always a choice."

Staff spoke in positive terms about their roles and duties, saying that they felt the standard of care provided for was very good. Staff said there was good morale, team working, training and managerial support.

No questionnaires were returned in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Hillside Residential Unit was undertaken on 25 May 2023 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment records confirmed there was a robust system in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the staff member in charge when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

Staff registrations with the Northern Ireland Social Care Council (NISCC) were audited on a monthly basis. A review of these audits found these to be appropriately maintained.

A schedule of staff supervision and appraisal was in place.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and they worked well as a team.

It was noted at the time of this inspection that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. However, review of the duty rota confirmed that there were shortfalls in the staffing levels to account for staff absences and annual leave. This has been identified as an area of improvement.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff showed understanding and sensitivity to residents' needs. One resident said; "I am happy here. No complaints at all."

Care records were held confidentially.

Care records were maintained which reflected the needs of the residents.

The Manager undertakes a pre-admission assessment to all potential residents to determine whether the home can meet these assessed needs. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dinner time meal was attractively presented, with good provision of choice and portions were generous. There was a variety of drinks available. During the dining experience, staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphasia.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded. The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy, with a good standard of décor and furnishings being maintained. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Cleaning chemicals were stored safely and securely.

The grounds of the home were suitably maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment dated 25 September 2023 had no recommendations made as a result of this assessment.

Fire safety exits were free from obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures.

5.2.4 Quality of Life for Residents

Residents said that they were happy with their life in the home, and the care and that staff were kind and attentive. One resident said; "I am very happy and content here and have no problems at all here."

Observations of care practices confirmed that residents were able to choose how they spent their day. The genre of music and television channels played were in keeping with residents' age group and tastes.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Activity provision is shared with an activities co-ordinator with the nursing home. Staffing also provide activities, when staffing levels permit.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Edel Shalbinski, is the Manager of the home. The regional manager and the responsible individual were both available in the home at the time of this inspection, including the inspection feedback. Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. The safeguarding policy was up-to-date and in accordance with legislation. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to the resident's next of kin and their aligned named worker.

Discussions with the Manager confirmed that expressions of dissatisfaction were taken serious and managed appropriately.

There was a system of audits and quality assurance in place. These audits were maintained on an up-to-date basis and included audits of; care records, infection prevention and control and the environment.

The home was visited each month by a representative on behalf of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in good detail, with action plans in place for any issues identified. These reports are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Ms Edel Shalbinski, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 21 May 2024</p>	<p>The registered person must put in place a review of staffing levels so that adequate numbers of staff are on duty at all times to meet the needs of residents. This review needs to take account of staff absences and annual leave.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The acting manager has ensured that there is now two staff on rota at all times, bank staff employed to cover annual leave and sickness</p>

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