



## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Hillhall</b>
<b>Establishment ID No:</b>	<b>1001</b>
<b>Date of Inspection:</b>	<b>17 April 2014</b>
<b>Inspector's Name:</b>	<b>Priscilla Clayton</b>
<b>Inspection No:</b>	<b>17562</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**GENERAL INFORMATION**

<b>Name of Home:</b>	Hillhall Home
<b>Address:</b>	11 - 19 Hillhall Gardens Lisburn BT27 5DD
<b>Telephone Number:</b>	(028) 9267 9364
<b>E mail Address:</b>	Clair.Hughes @setrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	South Eastern Health and Social Care Trust
<b>Registered Manager:</b>	(RQIA Application for registration to be submitted from Clair Hughes)
<b>Person in Charge of the home at the time of Inspection:</b>	Clair Hughes Manager (RQIA awaiting application for registration with RQIA)
<b>Categories of Care:</b>	RC – LD RC - LD(E)
<b>Number of Registered Places:</b>	7 Residents (respite care)
<b>Number of Residents Accommodated on Day of Inspection:</b>	1 resident
<b>Scale of Charges (per week):</b>	Trust rates
<b>Date and type of previous inspection:</b>	17 October 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	17 April 2014 2.00pm – 5.30pm
<b>Name of Inspector:</b>	Priscilla Clayton

## INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

## METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

**Standard 12 (meals and mealtimes)**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## PROFILE OF SERVICE

Hillhall Residential Resource Centre is a statutory home which provides a respite care service to seven adults, aged 18 years and over who have a range of learning disabilities. One place is reserved for emergency admissions.

The home is a building that has been converted from two-storey Northern Ireland Housing Executive terraced houses and is situated close to all community services.

There are small gardens to the front and rear of the buildings.

Facilities provided include single bedrooms, lounge, dining area, kitchen, bathrooms/shower facilities and a number of toilets.

## SUMMARY

The secondary unannounced inspection of Hillhall Resource Centre was undertaken on 17 April 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA).

This report reflects the position of the home as found on the day of the inspection.

Matters arising from the previous inspection of the home on 17 October 2013 had been addressed with the exception of one requirement relating to an item of furniture. This has been reiterated.

The environment was warm, clean and well maintained. The atmosphere was homely, relaxed and friendly. It is pleasing to see the vast improvement made to the internal environment with improvements including redecoration and replacement of accessories. The SEHSCTrust is to be commended in this regard.

There was sufficient staff on duty to provide care for the resident accommodated.

One resident was being accommodated on the day of inspection with five new residents expected for a period of respite care the next day.

The focus of the inspection was to assess the home's compliance level with Standard 12 of the Residential Care Homes Standards DHSSPS (2008) - Meals and Mealtimes.

The inspector's findings indicated that the home is substantially compliant with this standard. There was evidence of rotating menus which were noted to be varied and appeared nutritious. The staff are to be commended on the good pictorial daily menus and food selection choices which had been developed to ensure residents who are unable to communicate their views verbally were consulted. It was pleasing to see how one resident used the pictorial menu to select main meal and dessert. Records of menus provided each day were being retained and evidence of consultation with residents was reflected in care records with their likes and dislikes recorded.

The kitchen store was well stocked with a variety of foods and fresh fruit.

One recommendation made related to the maintenance of a record of meals taken by individual residents. Additionally in order to further enhance this standard a comprehensive policy/procedure should be developed on choking with includes residents who do not have teeth and refuse to wear dentures.

Four requirements, one of which was reiterated, and two recommendations have been made as a result of this inspection. Matters requiring attention relate to registration of the manager, staff duty roster, first aid refresher training, sofa repair (reiterated), divan base repair, storage of lotions, and policy/procedure development on choking

The inspector extends a sincere thank you for warm welcome and acknowledges the full co-operation of Clair Hughes and staff throughout the inspection process.

**FOLLOW-UP ON PREVIOUS ISSUES**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 27 (2) (b)	<p><b><u>Internal environment</u></b></p> <p>1) The settee in the room on the ground floor requires attention as the covering was torn with foam protruding.</p> <p>2) The floor covering in the bathroom on the first floor requires attention as there is a gap at the bath which allows water to seep under the covering which is unsightly and presents as a potential risk of cross contamination of infection</p>	<p>The settee has not been repaired / replaced. However the manager confirmed that a new settee had been ordered and was expected to be delivered soon.</p> <p>Floor covering had been replaced as observed on the day of inspection</p>	<b>Substantially compliant</b>

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Standard 11.1	<p><b><u>Care review record</u></b></p> <p>It is recommended that the surnames are recorded in care management review records as one record examined included christian names only.</p>	Records examined showed full names were being recorded	<b>Compliant</b>
2	Standard 16.1	<p><b><u>Policy review/revision</u></b></p> <p>Ensure the Protection of Vulnerable Adults procedure / flow chart includes mode of referral during "out of hours"</p>	Examination of the policy showed information was included as recommended.	<b>Compliant</b>



**STANDARD 12 - MEALS AND MEALTIMES**

**Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.**

<p><b>Criterion Assessed:</b> 12.1 Residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>Menus showed that the diet is nutritious and varied with the emphasis on fresh food and home baking. A copy of the new Nutritional Guidelines (2014) was available for kitchen for staff reference.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 12.2 Residents are involved in planning the menus.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>The inspector was informed that due to the small numbers of residents receiving respite the home staff are able to talk individually with the residents on a daily basis and assess their views of the meals served and planned. Care records examined showed that each resident's preference, likes and dislikes were all recorded providing staff with essential information when planning menus. Pictorial foods / menus are utilised by staff to ensure resident choice is afforded to those who cannot communicate verbally.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b> 12.3 The menu either offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The home provides breakfast and one main meal in the evening. A lighter lunch is served at midday for residents who do not attend day care. An alternative meal is always available. Several choices are available at breakfast and other meals.</p> <p>It was pleasing to note the pictorial menu being utilised by one resident who was able to convey his choice of yogurt from the pictorial menu which was displayed in the dining room.</p>	Compliant
<b>Criterion Assessed:</b> 12.4 The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>The daily menu including pictorial format was on view in the dining room of the home. The pictorial menu is widely used by all residents who are unable to verbally articulate their choice of meal. This is to be commended</p>	Compliant
<b>Criterion Assessed:</b> 12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
<p>Breakfast is provided prior to residents leaving for work placements or day care. Other meals served include midday lunch, dinner in the evening and supper later before retiring. Drinks and snacks and fruit are always available. On the day of inspection a large tray of fruit was available.</p>	Compliant

<b>Criterion Assessed:</b> 12.6 Residents can have a snack or drink on request or have access to a domestic style kitchen.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Residents do not access the kitchen. Residents are provided with snacks and drinks when requested or as indicated by them using the pictorial display cards of foods/snacks	Compliant
<b>Criterion Assessed:</b> 12.7 Menus provide for special occasions.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Staff confirmed that menus for special occasions are provided. Should a resident be on respite on their birthday a party is held with party food and cake supplied by the home.	Compliant
<b>Criterion Assessed:</b> 12.8 Residents are consulted and their views taken into account regarding the home's policy on "take away" foods.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Occasionally fish and chips are bought for the residents. The inspector was informed that this is much enjoyed by residents. There is a policy on take away food in the procedural file.	Compliant
<b>Criterion Assessed:</b> 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each resident's needs.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Staff are aware of individual choices in respect of portion sizes and extra is always available should residents request additional helpings.	Compliant

<p><b>Criterion Assessed:</b>  12.10 Staff are aware of any matters concerning residents' eating and drinking as detailed in each resident's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: -</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Risks when residents are eating and drinking are managed</li> <li><input type="checkbox"/> Required assistance is provided</li> <li><input type="checkbox"/> Necessary aids and equipment are available for use.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>At the initial referral stage an assessment of need is undertaken which includes dietary needs and preferences. This information is developed after admission as staff get to know the resident. Pictorial food preferences were on view in the kitchen for easy reference by residents. At times staff has their meals with the residents in the dining room. This enables monitoring of residents intake in a social, friendly and non- segregated atmosphere. This is good practice and is to commended.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b>  12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Inspection Findings:</b></p> <p>The daily menu is recorded in the kitchen log book by the cook.</p> <p>A recommendation was made that the record should be expanded to include each resident's daily food intake.</p>	<p>Working towards compliance</p>

<b>Criterion Assessed:</b> 12.12 Where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed. Where a resident is eating excessively, a similar record is kept. Such occurrences are discussed with the resident, and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  The manager confirmed that special diets would always be provided. This was confirmed from records retained and as detailed within care plans.  The manager also confirmed that the dietician and speech and language therapist would be involved in the special needs in regard to food and associated swallowing risks.	Compliant
<b>Criterion Assessed:</b> 12.13 Menus are rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and residents' views.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  The daily menu is the only method by which the individual diet can be inspected. A recommendation is made that the record should be expanded to include what each resident actually chooses from the menu on a daily basis.	
<b>Criterion Assessed:</b> 12.14 Variations to the menu are recorded.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>  On the day of this inspection the main meal served was meat casserole. This tallied with the menu for the date. The inspector was informed that where the planned menu is changed this is recorded by the Cook.	Compliant

## **ADDITIONAL AREAS EXAMINED**

### **RESIDENTS**

The inspector spent time speaking to the only resident accommodated at the time of inspection. While the resident was unable to verbally respond the non-verbal indicators indicated listening was evident. The resident appeared at ease in the home and in the company of the staff who interacted in a respectful friendly manner.

It was pleasing to see one resident choose food for the meal from the pictorial menu displayed in the dining room.

Residents are supervised, and where required assisted at all meal times.

### **STAFFING**

On the day of the inspection the following staff was on duty:

- Management x 1
- Care assistant x 2
- Domestic x 1
- Cook x 1

Staff presented as caring and competent. Staff interactions with the resident accommodated at the time of inspection was observed to be respectful, timely and good humoured. In conversation with the inspector staff demonstrated knowledge of the resident as an individual and their comprehensive care plan.

Staff training records examined showed mandatory training was being provided. One requirement was made as five staff requires refresher training in First Aid.

Staff confirmed that they found the home a really good place to work with excellent team work, organised ring fenced supervision, appraisal, training and on-going staff meetings held. Staff confirmed staffing levels were satisfactory. The manager agreed to ensure that all staff surnames would be recorded in duty rosters as this was not evident on selected dates.

### **ENVIRONMENT**

A tour of the premises found the home to be comfortably heated, bright and spotlessly clean throughout. The lounge was appropriately furnished and tastefully decorated.

Marked improvement was noted throughout the internal environment of the home with many improvements made including refurbishment of reception giving an open welcoming ambience to residents and visitors.

New flooring, furnishing and redecoration has greatly enhanced the standard of the internal environment which demonstrates the level of respect and regard held for residents by the staff and SEHSC Trust who are to be commended in this regard..

Matters requiring attention included:

- One settee and divan base requires attention as both were noted to require attention..
- Appropriate secure storage of liquid detergent is necessary as four bottles were stored within an unlocked cupboard below the stairs.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with the manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Priscilla Clayton**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**





## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Hillhall Resource Unit

17 April 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the manager on conclusion of the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 19(2) Schedule 4. 7	<b><u>Staff duty roster</u></b>  The manager must ensure that the surnames of staff are recorded in the staff duty roster	First	Completed	Immediate
2	Regulation 8 (2)	<b><u>Registration</u></b>  The manager is required to submit her application for registration as manager of Hillhall Resource Centre to RQIA.	First	Completed	31 May 2014
3	Regulation 14 (2) (d)	<b><u>First Aid refresher training</u></b>  The manager must ensure remaining five staff receive refresher First Aid training	First	3 staff have completed First Aid training and remaining 2 staff will be attending training on the next available date.	31 May 2014
4	Regulation 27 (2) (b)	<b><u>Divan bed</u></b>  The base of the divan bed in bedroom 2 requires attention.  <b><u>Sofa repair</u></b>  The settee in the room on the ground floor requires attention as the covering was torn with foam protruding.	First  Second	A new base for the divan bed in bedroom 2 has been requisitioned.  The settee in the room on the ground floor has been replaced.	31 May 2014  31 May 2014

**Recommendations**

These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standard 28.3  COSHH Requirements	<b><u>Cleaning Lotion – storage</u></b>  On the day of inspection cleaning liquids (four bottles) were inappropriately stored in an unlocked cupboard under the stairs.  The registered manager must ensure that all cleaning liquids are appropriately stored.	Once	Cleaning liquids have been removed from cupboard under the stairs and are now stored in an external lock storage area. All cleaning liquids are appropriately stored.	Immediate
2	Standard 12.10	<b><u>Policy/procedure</u></b>  In order to further enhance this standard it is recommended that a comprehensive policy/procedure on choking, with includes residents who do not have teeth and refuse to wear dentures, is developed.	Once	Hillhall has a procedure on choking and are working with a senior speech and language Therapist to scope regional good practice and develop a comprehensive policy/procedure.	31 May 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Claire Hughes
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hugh McCaughey, Chief Executive / Approved by Brendan Whittle, Director of Prison Healthcare and Adult Services

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	P.Clayton	1/09/14
Further information requested from provider			