Unannounced Care Inspection Report
3 August 2018

Hillhall Home

Type of Service: Residential Care Home
Address: 11-19 Hillhall Gardens, Lisburn, BT27 5DD
Tel No: 028 9267 9364
Inspector: Alice McTavish

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.

1.0 What we look for

2.0 Profile of service

This is a residential care home with seven beds that provides respite care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust **Responsible Individual:** Hugh Henry McCaughey	**Registered Manager:** Patrick Robinson, Acting – no application required
Person in charge at the time of inspection: Gerald Shields, residential worker, until 12.30 Patrick Robinson, manager, after 12.30	**Date manager registered:** 1 June 2018
Categories of care: Residential Care (RC) LD – Learning Disability LD (E) – Learning disability – over 65 years	**Number of registered places:** 7

4.0 Inspection summary

An unannounced care inspection took place on 3 August 2018 from 09.45 to 16.10.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff supervision and appraisal, adult safeguarding, communication between residents, staff and other interested parties, listening to and valuing residents, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified. These were in relation to submitting information to RQIA, reviewing the care records of residents who have epilepsy, reports of the visits by the registered provider, staff duty rota and the home's environment. One area, which related to care plans and risk assessments, was stated for the second time.

Residents' representatives said that they were very pleased with the care provided to their relative and that they relied heavily on the service provided by the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Articles	Regulations	Standards
Total number of areas for improvement	1	3	2

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Robinson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent medicines management inspection

No further actions were required to be taken following the most recent inspection on 6 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge, the manager, one member of care staff and two residents' representatives. Residents who were present in the home at the time of the inspection had limited verbal communication but were observed to be comfortable in their surroundings and appeared to be content.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned by residents, residents' representatives or staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, complaints, Northern Ireland Social Care Council (NISCC) registrations
- Equipment maintenance records
- Accident, incident, notifiable event records

- Minutes of recent residents' representatives' meetings
- Reports of visits by the registered provider
- 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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 the most recent inspection dated 6 March 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 35.7 **Stated:** First time	The registered person shall ensure the following - • the hand sanitiser dispenser in the dining room is repaired or replaced • the hand sanitiser dispensers throughout the building are kept full	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and inspection of the premises confirmed that the hand sanitiser dispenser in the dining room was in good working order and that all hand sanitisers dispensers were full.	

Area for improvement 2 **Ref**: Standard 6.2 **Stated:** First time	The registered person shall ensure that Personal Emergency Evacuation Plan (PEEP) for each resident is regularly reviewed and updated.	**Met**
	Action taken as confirmed during the inspection: Inspection of care documentation confirmed that that PEEPs were regularly reviewed and updated.	
Area for improvement 3 **Ref**: Standard 6.2 **Stated:** First time	The registered person shall ensure the following – • the care plan for one identified resident is reviewed to include the management of epilepsy • the risk assessments for one identified resident are updated	**Not met**
	Action taken as confirmed during the inspection: Discussion with the manger and inspection of the care records of one identified resident established that the care plan was not reviewed to include the management of epilepsy; the risk assessments were not updated. This area for improvement is stated for the second time.	
Area for improvement 4 **Ref**: Standard 20.10 **Stated:** First time	The registered person shall ensure that a rigorous system is put in place to ensure full managerial oversight of any actions arising as a result of audits.	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation confirmed that a system was put in place to ensure full managerial oversight of any actions arising as a result of audits.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No agency staff were used in the home although some trust bank staff were used. Any bank staff used worked in local day centres and were familiar with the needs of the residents.

No concerns were raised regarding staffing levels during discussion with residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. It was identified, however, that the duty rota did not record the hours worked by the manager and who was in charge of the home in the absence of the manager. Some abbreviations were used and there were no explanatory notes provided. The names and working shifts of some staff were hand written at the bottom of the rota and could not be easily reconciled against the hours worked. Action was required to ensure compliance with the regulations in relation to the staff duty rota. Advice was provided to the manager regarding the consistent use of the 24 hour clock to note hours worked in the home.

Discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. As no new staff had been recruited since the last care inspection, inductions were not examined on this occasion.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The manager advised that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). The manager advised that registrations were discussed during staff supervisions and that spot checks were completed. A review of the records of spot checks identified that these were not up to date; eight staff were recorded as due to pay their annual fees. Staff attempted to access the NISCC online registration records to check registrations in the presence of the inspector; however the records could not be accessed due to a difficulty with the electronic system. The manager advised that the Trust sent alerts to home managers

advising of staff who were due to re-register or pay annual registration fees and this was always followed up with individual staff members. The manager later supplied verbal and written confirmation that the registrations of all staff had been successfully checked and all were up to date. Care staff spoken with advised that they were registered with NISCC.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge 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. Appropriate action plans, as agreed with the adult safeguarding team, were in place to address any identified safeguarding concerns.

The person in charge advised there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge 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 person in charge advised there were restrictive practices within the home, notably the use of notably locked external doors with keypad entry systems, wheelchair lap belts for some residents with poor mobility and sound and vision monitors for a small number of residents. Some residents were provided with one to one support and door alarms were also used for some residents. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home.

On the day of the inspection a resident was feeling unwell. Observation of staff practice identified that staff adhered to IPC procedures and that they were extremely attentive to the needs and the comfort of the resident. In addition, the person in charge ensured close liaison with other colleagues in day care centres and on Trust transport services to establish if other service users had been similarly affected by this illness. The person in charge was thorough in putting arrangements in place to minimise potential risk of infection to others. This represented good practice.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken by the Trust and action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be functional and comfortable. The home was fresh-smelling, clean and appropriately heated. It was noted that the pull cord for the light in the downstairs staff toilet did not have a plastic, wipeable cover and could not be effectively cleaned. Action was required to ensure compliance with the standards in this regard.

Inspection of the internal and external environment identified that the home was 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. No malodours were detected in the home.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

A checklist relating to information regarding the home's fire risk assessment, legionella risk assessment, lifting equipment and checks of the Northern Ireland Adverse Incidence Centre (NIAIC) alerts was provided to the manager to complete and return to RQIA. The checklist was not returned before the issue of the inspection report, despite several verbal requests. Action was required to comply with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 in relation to the information being submitted to RQIA.

The home had an up to date fire risk assessment in place dated 6 February 2018.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

A member of staff spoken with during the inspection made the following comments:

- "When I started here I got a good induction. We get regular supervision and an annual appraisal. There is plenty of training too."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding and the home's environment.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to information being submitted to RQIA, the staff duty rota and to the home's environment.

	Articles	Regulations	Standards
Total number of areas for improvement	1	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with General Data Protection Regulation (GDPR). A review of the care records of four residents confirmed that these were largely 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 statement of health and well-being of the resident when residents were using the short break service. Care needs assessment and risk assessments (e.g. moving and handling, behaviour management, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted that Deprivation of Liberties Safeguards and Human Rights considerations were detailed. This represented good practice.

It was established during the last care inspection that an area of improvement was required in respect of a review of the care plan and risk assessments of one identified resident to include the management of epilepsy. This was stated for the second time (see section 6.2 above). Inspection of the care records of another resident identified that epilepsy was noted in the pre-admission information, but was not included in the care plan or risk assessments, in spite of an emergency plan being in place for the use of Midazolam and records for the regular use of an epilepsy drug. Action was required to ensure compliance with the regulations in relation to a comprehensive review of the care records of all residents who have epilepsy.

The care records 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 they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Staff also described the methods of communicating effectively with residents' representatives. Families of residents planning to use the home for respite care were contacted to establish if any aspect of care needs had changed. When a resident left the respite care service, a written summary of the resident's care, meals and activities was provided.

The manager advised 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 and complaints were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider. Whilst audits of resident files were undertaken, it was noted that the template used to record these did not include action plans arising along with timescales for completion of such actions and confirmation that the actions had been completed. Advice was provided to the manager regarding a review of the documentation used. The area of audits will be examined in detail at the next care inspection.

The manager advised 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, staff meetings and staff shift handovers. A review of staff training records identified that staff had received training in Makaton, a specialist system of communication using signs and symbols. Minutes of staff meetings were reviewed during the inspection. There were separate representatives meetings held in the home. The manager described how that last meeting included input from the Northern Ireland Fire and Rescue Service (NIFRS) and how this was well received by residents' representatives. Two residents' representatives who spoke with the inspector advised that these meetings provided good support to carers of those who used the services at Hillhall.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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.

A member of staff spoken with during the inspection made the following comments:

- "Before residents come for respite, we contact families and ask if there have been any changes and when residents leave our care, families get information about how the stay has been. My family member used this service and I know this works well."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

One area for improvement was identified during the inspection. This related to a comprehensive review of the care records of all residents who have epilepsy.

	Articles	Regulations	Standards
Total number of areas for improvement	0	1	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that 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.

Staff advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence and dignity and how confidentiality was protected.

Discussion with staff and inspection of care records confirmed that residents' spiritual and cultural needs could be met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of anxiety or distress, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their care and treatment. Menus and the activity programme, for example, were written in a large print, pictorial format.

Discussion with staff and representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Residents were consulted about their preferences for activities during respite stays and residents were also encouraged and supported to participate in the annual reviews of their care.

Discussion with staff and residents' representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Residents' representatives spoken with during the inspection made the following comments:

- "We are very happy with the care here. Our (relative) has been coming here for around 20 years and we have always been pleased with how the staff have looked after him. He gets to go out on trips and outings; the staff know his needs and behaviours and how to manage him. They let us know about everything he does. I couldn't say a single thing against Hillhall and I don't know what we would do without it!"

A member of staff spoken with during the inspection made the following comments:

- "The residents really enjoy coming here. They are always out and about. It's great that we can decide to go out in the evenings for bus runs and it keeps everyone well occupied."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Articles	Regulations	Standards
Total number of areas for improvement	0	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and advised 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. Policies were centrally indexed and retained in a manner which was easily accessible by staff. It was noted that a number of Trust policies and procedures were out of date. The manager stated that the Trust was aware that a systematic review of policies and procedures had lapsed and that they were working to rectify the matter. The Trust had provided guidance to all staff regarding the use of policies and procedures in the interim. All staff had computer access and could refer to the latest policy documents.

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 Resident's Guide and information on display in the home. A review of staff training records confirmed that

staff had received training on complaints management and staff who spoke with the inspector were knowledgeable about how to respond to complaints. RQIA's complaint poster was available and displayed in the home.

A review 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 inform staff about complaints and compliments; thank you letters and cards were shared with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents and training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, diabetes, sexual awareness, epilepsy and the emergency administration of epilepsy medication.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

It was noted that the reports for January, March and April 2018 were not available in the home. The manager later provided written assurance that the reports of the visits by the registered provider had been completed and sent to the then registered manager for Hillhall; as both the person who completed the report and the registered manager had since moved to other posts, the electronic copies of the reports could not be readily accessed. As the manager could not provide sufficient documentary evidence that the visits had taken place, action was required to ensure compliance with the regulations in regard to the completion of the visits by the registered provider and the availability of the records of these visits.

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. The manager stated that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the Trust

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

A member of staff spoken with during the inspection made the following comments:

- "I feel there is great support here from my colleagues and the manager is very approachable."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection. This related to the visits by the registered provider.

	Articles	Regulations	Standards
Total number of areas for improvement	0	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Robinson, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003	
Area for improvement **Ref:** Article 40.- (1) **Stated:** First time **To be completed by:** 14 September 2018	The registered person shall ensure that the information regarding the home's fire risk assessment, legionella risk assessment, lifting equipment and checks of the Northern Ireland Adverse Incidence Centre (NIAIC) alerts is completed and returned to RQIA.
	Response by registered person detailing the actions taken: The information requested as above continues to be collated from the Trust's estates department. The relevant form left by Mrs McTavish (Inspector) is currently being completed and will be forwarded to RQIA by Friday 7th Dec. This date has been communicated to RQIA
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 19 (2) Schedule 4 (7) **Stated:** First time **To be completed by:** 5 October 2018	The registered person shall ensure that the staff duty rota is amended to include the following: • the working hours of the manager • the name of the person in charge in the absence of the manager • footnotes to explain any abbreviations used • staff shifts noted using 24 hour clock • a full list of staff Ref: 6.4
	Response by registered person detailing the actions taken: I can confirm that the layout of the staff rota has been amended to reflect the changes as detailed below; • The manager has been added to the rota to reflect hours available at Hillhall. • The name of the person in charge in the absence of the manager has been highlighted in the daily rota on each shift. • A key has been introduced onto the rota to reflect any abbreviations used on the rota to explain absences e.g. a/l for annual leave. • The use of the 24hr clock has been introduced into the rota. • A full list of staff is in place on the rota. • A column has been introduced on the rota to facilitate staff comments.

Area for improvement 2 **Ref**: Regulation 16. – (2) (b) **Stated:** First time **To be completed by:** 5 October 2018	The registered person shall ensure the following – • the care records for all residents are thoroughly reviewed to accurately identify those who have epilepsy • care plans for residents who have epilepsy are updated to include the management of epilepsy • the risk assessments for residents who have epilepsy are updated accordingly Ref: 6.5
	Response by registered person detailing the actions taken: I can confirm that following the inspection, all Band 5 staff were instructed to review and update their documentation for all their service users for whom they key-work in relation to epilepsy, diabetes, SALT, mobility issues etc The documentation updated included care and support plans, risk assessment and risk management records. Staff have been instructed to also review and update these records on /during each subsequent admission.
Area for improvement 3 **Ref:** Regulation 29. **Stated:** First time **To be completed by:** 5 October 2018	The registered person shall ensure that visits by the registered provider take place and a report made available for all interested parties. Ref: 6.7
	Response by registered person detailing the actions taken: All monitoring visits have been completed and the Trust is 100% compliant with monitoring reports. The Registered Manager will provide the 3 monitoring reports to the Inspector that were not available on the day of the inspection. Furthermore all monitoring reports will be placed on the relevant file for future reference and inspection. A file within the unit's shared IT folder has also been created for all monitoring reports to be stored electronically for future reference and inspection. The completion of monitoring reports is already planned for audit for 2018/19 period as part of the Directorate's annual internal auditing process.

<table>
<tr><th colspan="2">Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Standard 6.2

Stated: Second time

To be completed by:
31 August 2018</td><td>The registered person shall ensure the following –

• the care plan for one identified resident is reviewed to include the management of epilepsy
• the risk assessments for one identified resident are updated

Ref: 6.2</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The Registered Manager has confirmed that the care and support plan, risk assessment/management documentation for the relevant service user has been updated as requested.
All band 5 staff have been reminded to review and update all such documentation on each admission and when any changes are identified during subsequent admissions.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Standard 27.1

Stated: First time

To be completed by:
5 October 2018</td><td>The registered person shall ensure that the pull cord for the light in the downstairs staff toilet has a plastic, wipeable cover fitted in order that it may be effectively cleaned.

Ref: 6.4</td></tr>
<tr><td>Response by registered person detailing the actions taken:
The Registered manager has confirmed that all the pull cords in the home have been replaced with a plastic ones including the pull cord in the downstairs toilet as requested.</td></tr>
</table>

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

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