

# Unannounced Care Inspection Report 18 October 2017



## Hillhall Home

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust  <b>Responsible Individual:</b> Hugh Henry McCaughey	<b>Registered Manager:</b> Claire Hughes
<b>Person in charge at the time of inspection:</b> Gerald Shield, residential worker, until 10:45. Claire Hughes after 10:45.	<b>Date manager registered:</b> 7 March 2016
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 7

### 4.0 Inspection summary

An unannounced care inspection took place on 18 October 2017 from 09:40 to 15:20.

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 the annual completion of competency and capability assessments of staff left in charge of the home, staff induction, training, supervision and appraisal, communication between residents, staff and other key stakeholders, listening to and valuing residents and quality improvement.

Areas requiring improvement were identified in relation to hand sanitiser dispensers, Personal Emergency Evacuation Plans for residents, care plans and risk assessments and a system to ensure full managerial oversight of any actions arising as a result of audits.

Residents and a representative said that the staff provided very good care and that residents enjoyed using the respite service.

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Claire Hughes, registered 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 care inspection**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 April 2017.

#### **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 and notifiable events received since the previous care inspection.

During the inspection the inspector met with four residents, three care staff, two ancillary staff, the registered manager and one resident's representative.

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care records, accidents and incidents, complaints
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 20 April 2017**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 20 April 2017**

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered provider should ensure the following: <ul style="list-style-type: none"> <li>the identified items of furniture in residents’ bedrooms are replaced</li> <li>the identified wall on the ground floor is repaired and repainted</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises confirmed that the identified items of furniture and the wall on the ground floor was repaired and repainted.	

**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 registered manager advised that the staffing levels for the home 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, a resident’s representative and staff.

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

A review of completed induction records and discussion with the registered manager 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 was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff advised 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. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. These were reviewed annually. This represented good practice.

Discussion with the registered manager confirmed 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 registered manager advised that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice. Arrangements were also in place to monitor the registration status of staff with their professional body (where applicable).

A review of the adult safeguarding policy and procedure during the previous care inspection confirmed that this was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. Staff also advised that they had been provided with child protection training on an annual basis.

Discussion with the registered manager established that no adult safeguarding issues had arisen since the last care inspection. Any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection 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 registered manager confirmed there were restrictive practices employed within the home, 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. Discussion with the registered manager regarding such restrictions established that these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary. The registered manager remained aware that should individual restraint be employed, the appropriate persons/bodies were to be informed.

The registered manager confirmed there were risk management policy and procedures in place in relation to safety in the home. Discussion with the registered manager 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 e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc. The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure during a previous care inspection 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. Observation of staff practice identified that staff adhered to IPC procedures. It was noted, however, that a hand sanitiser dispenser in the dining room was broken and another in the entrance hallway was empty. Action was required to ensure compliance with the standards.

The registered 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, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken. The home was fresh-smelling, clean and appropriately heated. 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 registered manager and staff advised that there were plans in place to further improve bedrooms for use by residents.

The home had an up to date fire risk assessment in place dated 2 January 2017 and all recommendations were noted to be appropriately addressed.



A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed, most recently on 30 August 2017. 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 monthly and were regularly maintained. Individual residents had completed Personal Emergency Evacuation Plans (PEEPs) in place. It was noted, however, that these plans had not been routinely reviewed and updated. Action was required to ensure compliance with the standards.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding and risk management.

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to hand sanitiser dispensers and to the review of Personal Emergency Evacuation Plans for residents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

## 6.5 Is care effective?

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

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

A review of the care records of four residents established that these were largely maintained in line with the legislation and standards. They included an assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. It was noted in the care records of one identified resident that a comprehensive epilepsy management plan was in place and this had been updated; the care plan, however, did not set out how the resident's epilepsy was to be managed in the home. Whilst the same care records contained risk assessments, these had not been updated. Action was required to ensure compliance with the standards in respect of care plans and risk assessments.

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 a member of care staff confirmed that a person centred approach underpinned practice and staff were able to describe in detail the individual care needs of residents and how these were met within the home. Discussion with a member of kitchen staff identified a high level of familiarity with the specific choices and preferences of residents and a willingness among staff to meet these needs. This represented good practice and was to be commended.



An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager 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 care records, accidents and incidents and complaints were available for inspection. It was noted that an audit was undertaken on 28 August 2017 of a care file; this audit had identified that the appropriate restrictive practice documents had not been completed. On the date of the inspection, these documents had still not been completed. A rigorous system was needed to ensure full managerial oversight of any actions arising as a result of audits. Action was required to ensure compliance with the standards. Additional evidence of audit was contained within the monthly monitoring visits reports.

The registered manager 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. In discussion with the registered manager it was established that a new system was in place to ensure that more comprehensive pre admission information was available to staff in the home. The registered manager and staff also advised that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. On the day of the inspection, a number of staff members participated in Makaton training in order to enhance communication skills with residents. Minutes of resident meetings were reviewed during the inspection. A separate carer's group continued to be held in 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.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to care plans and risk assessments and a system to ensure full managerial oversight of any actions arising as a result of audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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.**

The registered 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and review of care records confirmed that residents' spiritual and cultural needs were accommodated where possible by staff in 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 evidenced by the review of care records which evidences that care plans were in place for management of anxiety, distress or uncharacteristic behaviours.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their care and treatment whilst using the short break service.

Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect; observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to demonstrate how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. A resident's representative confirmed that their views and opinions were taken into account in all matters affecting the care provided to their relative during the respite period.

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. For example, there were residents' meetings, 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, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

The inspector met with two residents who had limited verbal communication. Both residents indicated that they were happy with the care they received in Hillhall Home and each appeared to be relaxed and comfortable in their surroundings and in their interactions with staff.

Two other residents spoken with during the inspection made the following comments:

- "I like coming here."
- "It's good."

A resident' representative spoken with during the inspection made the following comments:

- "I am very happy with the service which (my relative) uses for two nights each month; I find it very valuable as it allows me some free time. The staff always contact me a few days

before the respite to check the arrangements for arrival and to make sure that they know if there have been any changes in the care needed. They always give me a written summary of how (my relative) got on in Hillhall and the activities he did when he was here. They would also contact me during the respite if I needed to know about (my relative), for example, if he was upset or unwell. The staff really do go to great lengths to make sure that (my relative) enjoys his stay and they have got to know him really well. I have absolutely no complaints about the care here.”

**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.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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 and posters displayed in the home. Discussion with staff confirmed that they had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

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 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. A review 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.

There were quality assurance systems in place to drive continuous 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. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

The registered manager advised that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, epilepsy, administration of emergency medication (Midazolam), swallow awareness, hand hygiene.

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.

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 registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structures in the trust and through the monthly monitoring visits.

The registered manager confirmed 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.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager 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 registered manager confirmed that staff could also access line management to raise concerns and that management offered 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.

### **Areas of good practice**

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 Claire Hughes, registered 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time  <b>To be completed by:</b> 16 November 2017	<p>The registered person shall ensure the following -</p> <ul style="list-style-type: none"> <li>• the hand sanitiser dispenser in the dining room is repaired or replaced</li> <li>• the hand sanitiser dispensers throughout the building are kept full</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The hand sanitiser in the dining room has been replaced. Patient experience staff have been reminded to ensure that the hand sanitiser dispensers are kept full. The checking of levels of hand sanitiser in the dispensers is carried out weekly and recorded.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 29 December 2017	<p>The registered person shall ensure that Personal Emergency Evacuation Plan (PEEP) for each resident is regularly reviewed and updated.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All PEEP's have been reviewed. Key workers now ensure that these are reviewed as part of the annual review process. PEEP review dates are also now included in the Service users file audits.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 29 December 2017	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none"> <li>• the care plan for one identified resident is reviewed to include the management of epilepsy</li> <li>• the risk assessments for one identified resident are updated</li> </ul> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The specific care plan and risk assessments identified have been reviewed and updated as required.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 December 2017</p>	<p>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.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>                  Care plan audit action plans are now a standing agenda item at key-worker supervision to ensure that the actions are being processed and completed.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**





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