



Unannounced Care Inspection Report

3 February 2020



Hillhall Home

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

www.rqia.org.uk

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to seven residents.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus McGoran	Manager Kathie McCall
Person in charge at the time of inspection: Kathie McCall	Number of registered places: 7
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 3 February 2020 from 09.30 hours to 14.00 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 culture and ethos of the home, staffing, activities, infection prevention and control and care records.

Areas requiring improvement were identified in relation to reporting of changes of management of the home and the use of the sensory room.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff and others.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*3

*Areas for improvement included one regulation which has been stated for a second time and three standards which have been stated for a second time.

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

4.2 Action/enforcement taken following the most recent inspection dated 29 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 29 October 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 25 January to 10 February 2020
- a sample of staff training records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits
- accident/incident records from 1 November 2019 to 31 January 2020

- monthly monitoring reports from October to December 2019
- a sample of minutes of residents' meetings
- a sample of policies
- RQIA registration certificate

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 last care inspection dated 29 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure residents bedrooms are supplied with bins and paper towels. One bedroom will have the soap dispenser, the bed rails bumper, shower bed and mattress appropriately cleaned after use and the shower chair replaced. Gloves will be removed from the toilet walls and wash creams removed from communal bathrooms. Clean laundry will be stored on shelves off the floor.	Met
	Action taken as confirmed during the inspection: Review of all the stated areas for improvement evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (a)(b) Stated: First time	The registered person shall ensure that a hot iron is used in a safe area and bleach is stored in a locked cupboard.	Met
	Action taken as confirmed during the inspection: Review of this area for improvement evidenced it be met.	

Area for improvement 3 Ref: Regulation 29 Stated: First time	The registered person shall ensure Regulation 29 visits take place monthly and all actions identified must be completed dated and signed.	Not met
	Action taken as confirmed during the inspection: Review of the Regulation 29 visits found that they were not completed on a monthly basis. This area for improvement is stated for a second time.	
Area for improvement 4 Ref: Regulation 30 Stated: First time	The registered person shall ensure that all notifiable incidents are reported to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.	Met
	Action taken as confirmed during the inspection: Review of the record of notifiable incidents evidenced that they were reported to RQIA in line with regulations.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure that the window blinds and curtain rails in residents' bedrooms are repaired or replaced.	Met
	Action taken as confirmed during the inspection: Observation of residents' bedrooms found that broken window blinds had been removed and curtain rails were repaired or replaced.	
Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure repair and decoration of the walls, door frames in the communal rooms and bedrooms is completed and maintained to a good standard.	Partially met
	Action taken as confirmed during the inspection: Observation confirmed that this area for improvement was only partially met and is stated for a second time. Refer to section 6.3 for details.	

Area for improvement 3 Ref: Standard 23.4 Stated: First time	Staff training is to be completed for infection prevention and control, hand hygiene, food hygiene and fire training in accordance to the agreed timelines for completion of mandatory training.	Partially met
	Action taken as confirmed during the inspection: Review of training records found this area for improvement was only partially met and is stated for a second time. Refer to section 6.3 for details.	
Area for improvement 4 Ref: Standard 23.1 Stated: First time	The registered person shall ensure all areas of induction for a new staff member are completed, signed and dated.	Met
	Action taken as confirmed during the inspection: Review of staff induction records found that this area for improvement has been met.	
Area for improvement 5 Ref: Standard 6.2, 6.3 Stated: First time	The registered person shall ensure care plans record and reflect each residents' assessed care needs. Restrictive practice care plans must be signed by the resident (were appropriate) or their representative and a staff member.	Met
	Action taken as confirmed during the inspection: Review of three care records found that this area for improvement has been met.	
Area for improvement 6 Ref: Standard 20.10 Stated: First time	The registered person shall ensure care practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.	Not met
	Action taken as confirmed during the inspection: Review of records confirmed that this area for improvement had not been met and is stated for a second time. Refer to section 6.6 for details.	

6.2 Inspection findings

6.3 Is care safe?

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

The planned staffing levels were confirmed by the manager as being achieved and meeting the needs of the residents. Discussion with staff and a review of the duty rotas from 25 January to 10 February 2020 confirmed this.

Staff we spoke with told us that they had time to care for residents and they received training in the skills they required to provide the most appropriate care. Review of the record of staff training also confirmed this. However, records also evidenced that staff had not completed their mandatory training and this has been restated for a second time.

The outside of the home was noted to have had some painting completed and it looked fresh and clean. The home inside was warm, clutter free and well lit. Communal rooms were tidy and clean. Residents' bedrooms were also tidy and clean with personal items in place for residents who preferred this. Bathrooms were clean and suitable for residents' use. A sensory room in the home was found to be cluttered and used as a store room. This was discussed with the manager and an area for improvement was made.

Residents were well groomed and appropriately dressed. Staff had helped residents dress in suitable clothing for going to their daily activities outside the home.

Discussion with staff confirmed that a period of induction was completed with all new staff. This was confirmed on review of staff induction records.

Observations showed that interactions between residents and staff were appropriate and respectful. Staff were knowledgeable about individual residents' care needs. Staff were able to describe actions they would take if they had any concerns about residents' care or treatment.

Staff were seen to provide assistance with residents mobilising to the bus for transport to their day facilities. Residents and staff chatted about how the residents would spend their day.

Residents spoken with told us that they were well cared for and felt safe in the home.

Areas for improvement

The following areas were identified for improvement in relation to using the sensory room for storage.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

Residents were observed to be receiving care from staff who were familiar with their needs. Staff spoken with were knowledgeable about specific care needs of residents and knew their roles and responsibilities in the home. Staff told us:

“We know the residents really well.”

“Residents all have their own wee ways.”

Review of a sample of care records found that residents’ care needs were assessed on admission to the home and an appropriate range of care plans and risk assessments were put in place to meet their care needs. It was also evident that residents were involved in planning their care and their consent was documented in the records.

We saw residents’ requests for assistance and care needs were met in a respectful manner by staff.

There was good communication between staff and they were observed to be working well as a team. Hand over reports were informative and completed at each change of shift.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

There was a relaxed atmosphere in the home and residents looked happy. Residents were heard discussing how they would spend their day and what they were looking forward to. Staff told us:

“The residents loved making decorations for the festive season.”

“We see all their individual likes.”

The mid-morning snack was served to residents. Residents were asked what they preferred to eat or drink and were spoken with in a friendly and respectful manner.

Activities for residents were planned for during the evenings. Activities provided included trips out, movie nights and pamper evenings. Residents told us:

"I get to go out with my friends at night."

"I have a great social life."

"I look forward to everything here."

"I love to go walking and I count my steps."

We reviewed the record of complaint and none had been received since the last inspection. Relatives told us:

"They are so good here."

"Staff support her really well."

There were two responses received and both were very satisfied with the care in the home. Residents and relatives were provided with questionnaires about the care in the home.

Any comments received from residents and/or their families after the return date will be shared with the manager for their information and action.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 was available throughout the day of inspection. Staff were seen to work well as a team.

There had been a change in manager since the last inspection. However, the details of the change of manager had not been notified to RQIA and an area for improvement was made.

The record of notifiable accidents and incidents was made available to us on the day of inspection. Review found that all notifiable events had been reported to RQIA in a timely manner.

Review of the monthly monitoring reports for the home and the oversight audits found that these were not being completed on a regular basis. For example, infection prevention and control, care records and falls audits have not been completed regularly. Both areas for improvement have been stated for a second time.

A poster was provided for staff inviting them to provide comments via an on-line survey. None were received.

Areas for improvement

The following areas were identified for improvement in relation to notifying RQIA of changes in management arrangements.

	Regulations	Standards
Total number of areas for improvement	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 Kathie McCall, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure Regulation 29 visits take place monthly and all actions identified must be completed dated and signed.</p> <p>Ref: 6.1 and 6.6</p> <p>Response by registered person detailing the actions taken: The registered manager has arranged for the completion of all Regulation 29 monthly monitoring visits to be completed monthly by a suitably qualified person and will ensure this is adhered to.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (l)</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that the home's sensory room is not used as a store room.</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: The sensory room has been cleared of all items that were present during the inspection. The room is now available to be used for its intended function and purpose</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 32 (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 March 2020</p>	<p>The registered person shall ensure RQIA are notified, in a timely manner, if any person other than the registered person carries on or manages the registered residential home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: RQIA have issued notification / certificate of registration 4th May 2020 The Registered Manager will ensure that RQIA are notified in a timely manner of any changes with regards to the registered person</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p> <p>To be completed by: January 2020</p>	<p>The registered person shall ensure repair and decoration of the walls, door frames in the communal rooms and bedrooms is completed and maintained to a good standard.</p> <p>Ref: 6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: The registered manager has liaised with Estates department to arrange for the required work to be undertaken. Work completed to date consists of repair to walls and plastering carried out to same and</p>
--	---

	repairs to door frames. Decoration has been arranged and to be completed, due to current restrictions this has been delayed. Registered manager will ensure this is completed at the earliest opportunity.
--	--

<p>Area for improvement 2</p> <p>Ref: Standard 23.4</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure that staff training is completed for infection prevention and control, hand hygiene, food hygiene and fire training in accordance to the agreed timelines for completion of mandatory training.</p> <p>Ref:6.1 and 6.3</p> <p>Response by registered person detailing the actions taken: The registered manager has updated the training Matrix 2020. Staff have completed mandatory online training as per Trust policy re - infection control, hand hygiene, and fire training. Face to face training has been postponed due to current restrictions therefore Food Hygiene training will be delivered as arranged by the Trust as per Policy at the earliest opportunity.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure care practices are systemically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary</p> <p>Ref:6.6</p> <p>Response by registered person detailing the actions taken: The registered manager has implemented process for auditing which includes identification of best practice, actions required and shared learning. Infection control, care record audits and fall audits are logged as per Trust policy on the relevant audit forms.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care