

Unannounced Care Inspection Report 3 May 2016



Hillhall Home

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Lisburn
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Inspector: Alice McTavish**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hillhall Home took place on 3 May 2016 from 10.10 to 16.45.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

No requirements and no recommendations were made in regard to safe care. There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, recruitment practice, adult safeguarding, infection prevention and control, risk management and the home's environment.

Is care effective?

No requirements and no recommendations were made in regard to effective care. There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements and no recommendations were made in regard to compassionate care. There were examples of best practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

No requirements and one recommendation were made in regard to well led care. There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and to quality improvement and good working relationships.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust	Registered manager: Claire Hughes
Person in charge of the home at the time of inspection: Claire Hughes	Date manager registered: 07 March 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 6

3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the previous care inspection and notifications of accidents and incidents.

During the inspection the inspector met with two residents, the registered manager, four care staff, one member of domestic staff and one resident's representative. No visiting professionals were present during the inspection. Five resident views, four resident representative views and five staff views questionnaires were left in the home for completion and return to RQIA. Four resident views questionnaires, one resident representative views and three staff views questionnaire were returned to RQIA. The information contained within the questionnaires reflected a high degree of satisfaction with the services provided by the home.

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
- Staff recruitment records
- Care files of three residents

- The home’s Statement of Purpose and Residents’ Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of care plans, care reviews, accidents and incidents, complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents’ meetings
- Evaluation report from annual service user quality assurance survey, 2014
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 August 2015

The most recent inspection of Hillhall Home was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector and will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 04 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 6.2 Stated: First time	The registered manager should ensure that care plans contain sufficient detail as to the management of continence support.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of care plans confirmed that these contained sufficient detail as to the management of continence support.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Hillhall Home provides respite care for adults with a learning disability. Some residents require one staff member to be with them at all times and staffing levels are adjusted accordingly to meet the needs of these residents. No concerns were raised regarding staffing levels during discussion with a resident's representative and staff.

On the day of inspection the following staff were on duty –

- 1 x manager
- 2 x residential workers
- 2 x domestic staff
- 1 x kitchen staff

Two residential workers, one support worker and one kitchen staff were scheduled to be on duty later in the day. One residential worker and one support worker were to be on overnight duty.

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. The Trust offered both a corporate induction and a local induction for the home. Induction was linked to the Northern Ireland Social Care Council (NISCC) standards and code of practice for social care workers. This practice was to be commended.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Discussion with the registered manager identified that the Trust also provided training in epilepsy awareness and swallowing as mandatory. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. The registered manager and staff 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; records of competency and capability assessments were retained. A sample of staff competency and capability assessments was reviewed. These were found to be comprehensive.

A review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best 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 confirmed that Enhanced AccessNI disclosures were viewed by the Trust 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) and this was also checked during audits of staff supervision.

Adult safeguarding policies and procedures were in place which contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The Trust's adult safeguarding policy and procedure was last reviewed in 2012 and was not consistent with the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The policy and procedure was due to be reviewed in December 2016. The registered manager confirmed that local procedures had recently been updated and that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance. The registered manager agreed to make 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 to whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training had been undertaken by all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that no suspected, alleged or actual incidents of abuse were identified since July 2015. The registered manager confirmed that all issues 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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that these were 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 members of all designations established that they were knowledgeable and had understanding of IPC policies and procedures. A member of domestic staff was able to describe the daily work schedules and the infection prevention and control procedures followed within the home.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

A review of policy and procedure on restrictive practice/behaviours which challenge 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 that areas of restrictive practice were employed within the home, notably locked doors, wheelchair lap belts and bed rails. In addition, some bedroom doors were fitted with an alarm. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the home's Statement of Purpose identified that restrictions were adequately described.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks 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. COSHH, fire safety etc. The registered manager confirmed that equipment in use in the home was well maintained and regularly serviced.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges and bathrooms. As the home provides only respite care, residents' bedrooms were not fully personalised with photographs and pictures but did contain some personal items. The home was fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that 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. Discussion with the registered manager confirmed that action plans were in place to reduce any identified risks where possible.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment, dated 9 December 2015, identified that any recommendations arising were in the process of being addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed monthly and records 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 weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified during the inspection; this related to review of adult safeguarding policies and procedures and is described in section 4.6.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

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 three resident's care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care

planning and review process, where appropriate. Discussion with staff confirmed they had an understanding of person centred care and that a person centred approach underpinned practice. The registered manager confirmed that records were stored safely and securely in line with data protection.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed. The home provided a written summary of the resident's respite period to residents' representatives. This practice was to be commended.

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 plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were available for inspection and evidenced that actions identified for improvement were incorporated into practice. For example, the menu was adjusted to reflect the personal preferences of residents. Further evidence of audits 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 key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, monthly staff meetings and staff shift handovers. Minutes of monthly resident meetings were available for inspection and confirmed that all aspects of respite care within the home were discussed. Separate representative meetings were also held. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents and their representatives. A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity and choice of residents. A review of the home's policies and procedures confirmed that appropriate policies were in place. Observation of interactions between residents and staff demonstrated that residents were treated with dignity and respect.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussions with staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. Discussion with staff confirmed that consent was sought in relation to care and treatment. Although residents stayed in Hillhall for respite only,

residents' spiritual and cultural needs could be met within the home. Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. 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.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home, for example, a resident's representative reported – "Hillhall is just like home to my (relative), he looks forward to his weekend, it is like a holiday for him, the standard of care is excellent."

A resident's representative expressed satisfaction with the services provided by Hillhall Home – "I find the care is good here. My (relative) seems to enjoy it and is happy here. I find the staff approachable and friendly and if I had any issues, I wouldn't hesitate to discuss them with any staff member."

There was evidence that the attitude and approach of the home's management and staff team provided excellent compassionate care to residents and their families. For example, the home had engaged in the use of Service User Stories project as an additional service improvement tool. In order to obtain the views of those residents who had limited verbal communication, Speech and Language Therapists had used specialist communication techniques. Any improvements were incorporated into an action plan. This practice was to be commended.

A staff member described how a resident had started to come to Hillhall several years ago for respite care. The resident's initial care plan had indicated that he had complex behavioural needs and that, for safety, only minimal contact should be used by staff. Staff had worked closely and gently with the resident who, over time, had begun to accept more contact from staff. The resident now readily accepts assistance with personal care and is able to interact well with staff and other residents. This has had a notable impact on the quality of life of the resident. Hillhall staff were gratified that the improvement was noted by the resident's family and by staff in the day care centre.

Staff also described how one resident, who had complex care needs, had recently witnessed a tragic family event. The resident was unable to return home and an alternative long term placement was being found. The resident was staying in Hillhall on extended respite care. Staff responded to the emergency situation by providing additional staffing at short notice and by providing practical and emotional support to the resident and to the resident's family.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents, also that the health and social care 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.

A range of policies and procedures were 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, however, that the policy relating to consent had not been reviewed since 2004. A recommendation was made that senior Trust staff should be made aware of the need to review this policy, also that all policies should be subject to systematic three year review.

The home had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and poster displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints; senior staff covered this area within annual competence and capability assessments.

A review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. 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. This had led to regular meetings with one resident's representative who had raised some issues in regard to the care provided to one respite service user. This meeting was used to explore the causes of any issues, to agree solutions and to provide assurances that staff actively worked to ensure the situation was effectively managed.

The registered manager confirmed the home had 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 this was available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice, where necessary.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager was in the process of completing ILM level 5 training in leadership and management.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the Trust's senior management was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration certificate was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager 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. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One area for improvement was identified during the inspection in relation to policies and procedures.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Claire Hughes, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21.5

Stated: First time

To be completed by:
05 August 2016

The registered person should ensure that senior Trust staff are made aware of the following –

- the policy on consent should be reviewed
- all policies should be subject to systematic three year review

Response by registered person detailing the actions taken:

This recommendation has been forwarded to the trust information governance department for their attention and action. Senior Trust staff have been made aware of the need to review the Trust Consent Policy and the systematic review of all trust policies three yearly.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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