

Unannounced Care Inspection Report

22 March 2021



Hillhall Home

Type of Service: Residential Care Home (RCH)
Address: 11-19 Hillhall Gardens, Lisburn, BT27 5DD
Tel No: 028 9267 9364
Inspector: John McAuley

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 residential care home registered to provide residential care for up to seven residents.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust Responsible Individual(s): Seamus McGoran	Registered Manager and date registered: Elizabeth Wade – registration pending
Person in charge at the time of inspection: Elizabeth Wade	Number of registered places: 7
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 0

4.0 Inspection summary

An unannounced inspection took place on 23 March 2021 from 9.50 to 13.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during this inspection:

- staffing
- safeguarding arrangements
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Elizabeth Wade, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with three staff on duty. There were no residents in the home at the time of this inspection. Questionnaires were left in the home to obtain feedback from residents and residents' representatives

The following records were examined during the inspection:

- duty rota
- professional registration records
- fire safety risk assessment
- fire safety records
- three residents' care records
- Regulation 29 monthly quality monitoring reports
- staff training records
- incident and accident records
- a selection of quality assurance audits.

The areas of improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met or met.

The findings of the inspection were provided to Elizabeth Wade, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020.

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 29 Stated: Second time	The registered person shall ensure Regulation 29 visits take place monthly and all actions identified must be completed dated and signed.	Met
	Action taken as confirmed during the inspection: These visits were in place and all identified actions were dated and signed for.	
Area for improvement 2 Ref: Regulation 27 (1) Stated: First time	The registered person shall ensure that the home's sensory room is not used as a store room.	Met
	Action taken as confirmed during the inspection: This room was no longer used for storage.	
Area for improvement 3 Ref: Regulation 32 (a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This notification was found to be in place.	

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 repair and decoration of the walls, door frames in the communal rooms and bedrooms is completed and maintained to a good standard.	Not met
	Action taken as confirmed during the inspection: The redecoration works to the home had not yet been put in place with delays of this reported due to the COVID -19 pandemic. This is discussed in more detail in 6.2.3 of this report.	
Area for improvement 2 Ref: Standard 23.4 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Staff mandatory training was being maintained on an up-to-date basis.	
Area for improvement 3 Ref: Standard 20.10 Stated: Second 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	Met
	Action taken as confirmed during the inspection: An inspection of a sample of quality assurance audits confirmed that such processes were appropriately in place.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected the details of all staff working in the home. The manager reported that any member of staff who is in charge of the home in her absence has been assessed as competent and capable of doing so. An inspection of a sample of two of these assessments found these needed to be reviewed as these were undertaken some considerable time ago. This has been identified as an area of improvement.

Inspection of the professional registrations for staff confirmed that all staff have an up-to-date registration with the Northern Ireland Social Care Council (NISCC). The manager also audits these registrations on a monthly basis.

Staffing levels at the time of this inspection were found to be in keeping with the number and dependencies of residents to be accommodated and the size and layout of the home. Staff spoke in positive terms about their roles and duties, the provision of care, staffing levels, training and managerial support.

6.2.2 Safeguarding

The manager demonstrated a good knowledge of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned Health and Social Care Trust, who would be contacted, what documents would be completed and how staff would assist and co-operate in any subsequent investigations. Staff also declared their knowledge and understanding of the whistleblowing policy and stated that they would have no hesitation in reporting any concerns and felt management would act positively on such information.

Inspection of staff training records confirmed that staff safeguarding training was maintained in an up-to-date basis.

6.2.3 The home's environment

The home was clean and tidy throughout. However the general décor and furnishings were tired and drab in appearance and lacked homelessness or warmth. Many areas of the home which included bedrooms and communal lounges had no blinds and temporary measures to the windows had been installed to ensure residents' privacy. The manager reported that new settees and chairs had been authorised but there was delays in installing these due to COVID-19 pandemic. An area of improvement in accordance with legislation was made for an action plan with timescales to be submitted details how these issues in the environment will be addressed.

6.2.4 Infection Prevention and Control (IPC)

Protocols were in place to accommodate visiting, including visiting professionals, in line with current guidelines. There was also good documentation pertaining to information and the management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed that there were good IPC measures in place. Staff were knowledgeable in relation to best practice guidelines with hand-washing and use of Personal Protective Equipment (PPE).

There were a good supply of PPE and hand sanitiser at the entrance of the home and was accessible throughout areas of the home. Signage was available in the home to relay information on IPC and COVID-19.

6.2.5 Care delivery

There were no residents in the home at the time of this inspection. Three residents were to be admitted later that day for a short period of respite care.

A sample of quality assurance feedback questionnaires was inspected. These were complimentary and contained the following statements;

- “The new manager is a very good manager.”
- “Hillhall home is a second family to me.”
- “I enjoy coming to Hillhall to see my friends ...I enjoy the food.”

6.2.6 Care records

A sample of three residents' care records were inspected on this occasion. These records were maintained in detail. The records gave a holistic assessment of the resident from which the care plan and interventions were based on. These details were clear and had evidence of the resident's representative being involved in this process, including input from aligned healthcare professionals. Assessments were reviewed on an up-to-date basis with the resident's representative before each admission and on discharge a summary report was given to the resident's representative on the resident's progress during their stay in the home.

The manager explained how she had identified quality improvement work with how progress records are maintained and the level of detail needed. She also explained the steps she is taking to address this with staff. This is to be commended.

6.2.7 Fire safety

The home's most recent fire safety risk assessment was dated 29 January 2020. Corresponding evidence was recorded to confirm that the eight recommendations made from this assessment had been actioned. The manager reported that the fire safety risk assessment was being reviewed when the work on a new bedroom was completed, which she informed that the aligned estates inspector was aware of.

Fire safety training and safety drills were maintained on an up-to-date basis, as was fire safety checks in the environment.

6.2.8 Governance and management

The home has a defined management structure. The manager displayed good knowledge of her role in accordance with legislation.

The last two months (18 January 2021 and 18 February 2021) monitoring records on the behalf of the responsible individual were inspected. These reports were detailed and informative and added to such contained a checklist / audit on how COVID-19 was being managed. This is to be commended.

Discussions with the manager and inspection of the records of complaints confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

Inspection of staff training records found these to be well maintained with evidence that mandatory training and additional training for staff was being maintained on an up-to-date basis. A system was in place to identify any deficits in staff training such as dates of renewal.

The accident and incident reports from 4 February 2020 to date of this inspection were inspected. There was a very low incidence with these events primarily due to the reduced

occupancy with the COVID-19 pandemic. Discussions with the manager confirmed that she had good knowledge and understanding of the management of such events particularly in respect of reporting to the relevant stakeholders.

Quality assurances audits were available in relation to the professional registrations of staff, IPC and hand washing, hand washing, the dining experience and the resident's experience.

Areas of good practice

Areas of good practice were found in relation to staffing, the pre-admission process of residents and managerial oversight.

Areas for improvement

Two areas for improvement were identified during the inspection. These were in relation to the general décor and upkeep of the environment and the need to review staff competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Good systems were found to be in place to support the needs of residents receiving respite care. Staff were knowledgeable about residents' needs and care interventions particularly with planning for admissions and feedback with relevant stakeholders on how this was carried out .

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Wade, 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 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 27(2)(d)</p> <p>Stated: First time</p> <p>To be completed by: 22 May 2021</p>	<p>The registered person shall submit a time bound action plan detailing how the décor and furnishings works will be addressed to a satisfactory and acceptable basis.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: Since the date of the inspection the following has taken place; Sensory Room & Beauty room have been painted New sofas have been delivered New art for the walls has been purchased to modernise the enviroment New furniture has been purchased to modernise the enviroment New sensory room equipment has been delivered Front garden has been dug up and flower beds planted/ sensory garden is being installed Quotes for blinds have been obtained and a quote has been approved. Projected installation is June 2021. Quotes for ground floor curtains have been sought and awaiting final costings. A comprehensive walk through of the building has been completed and all rooms with idntified areas have been drawn up on a spreadsheet. Estates work has been reported to the estates department. An initial meeting took place 13.05.2021 on site at Hillhall home to disucss repairs. A final meeting is taking place on 9th June 2021 where an action plan will be drawn up and it will be agreed what works estates can complete and which will require a Capital Works Request.</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 25.3</p> <p>Stated: First time</p> <p>To be completed by: 22 April 2021</p>	<p>The registered person shall review the competency and capability assessments for any staff member who has the responsibility of being in charge of the home in the absence of the manager. These assessments should be reviewed on a regular and up-to-date basis with aligned staff members.</p> <p>Ref: 6.2.1</p>
	<p>Response by registered person detailing the actions taken: Manager has drawn up a template for competency and capability assessments of team members who take charge of a shift. This is being reviewed along with annual review in all June 2021 supervisions. In team meeting March & April 2021 this process has been</p>

	<p>discussed with the team to prepare them for the assessment process. Any bank staff whom take charge of a shift will be invited in to attend an assessment process with managment to be signed off in their file.</p>
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****Please ensure this document is completed in full and returned via Web Portal****



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