

Inspection Report

21 January 2022



Hillhall Home

Type of service: Residential Care Home (RCH)
Address: 11-19 Hillhall Gardens, Lisburn, BT27 5DD
Telephone number: 028 9267 9364

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Mrs Elizabeth Wade – registration pending
Responsible Individual Ms Roisin Coulter - registration pending	
Person in charge at the time of inspection: Mrs Elizabeth Wade	Number of registered places: 7
Categories of care: LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 1
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 7 residents.	

2.0 Inspection summary

An unannounced inspection took place on 21 January 2022, from 10.10am to 5.10pm by a care Inspector.

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

The home was clean and there was a homely atmosphere.

RQIA were assured that the delivery of care and service provided in Hillhall Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Hillhall Home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

Five new areas requiring improvement were identified. Please refer to the Quality Improvement Plan (QIP) for details.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

Two staff were spoken with. Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the Manager and the training provided.

No comments were received from staff via the online survey. No questionnaires were received from relatives or residents.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(d) Stated: First time	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. Ref: 6.2.3	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met There had been progress on some areas of redecoration and furnishings, but this was not complete. This will be discussed further in section 5.2.3	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of recruitment records highlighted that there was no evidence of pre-employment checks for two staff, on the day of inspection. This was discussed with the Manager and identified as an area for improvement. Evidence of the completed pre-employment checks for the two staff was forwarded to RQIA following the inspection.

There were systems in place to ensure staff were trained and supported to do their job.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

While it was evident that the home was clean and tidy, the manager spoke of how there was no domestic on duty at the weekends in the home. Domestic rotas were reviewed and discussed with the manager who agreed to ensure this area of staffing was reviewed. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was evidence that residents' nutritional needs were met.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Progress had been made on areas of redecoration and replacement of certain furnishings. The new curtains for downstairs were still not in place, and some windows still has the plastic film on the inside for privacy. This area for improvement previously identified was partially met and therefore stated for a second time.

A down stairs sitting room had been converted into a bedroom without RQIA being notified of the change of purpose. This was discussed with the manager as a variation to the registration of the home should have been submitted prior to the repurposing of this room. An area for improvement was identified.

The flooring in a downstairs bathroom required to be repaired. This was discussed with the manager and identified as an area for improvement.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

The fire risk assessment was reviewed on 9 February 2022. Some issues were identified requiring attention .An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

There was a range of activities provided for residents by staff. These ranged from baking, arts and crafts, trips to the cinema and using the sensory room.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make arrangements to keep in touch with family.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was also a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	4*	2

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Elizabeth Wade, Acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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: Second time</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: 5.1</p> <p>Response by registered person detailing the actions taken: Quotes for curtains have been obtained and approved by senior management. Projected installation is June 2022.</p> <p>Quotes for new dining room furniture to be obtained and approved. Projected installation -June 2022</p> <p>Painting of bedrooms to be completed - projected July 2022</p> <p>Since last inspection in January 2021 the following has been actioned: Sensory room & beauty room have been painted New sofas delivered Sensory room equipment delivered and installed New blinds installed New furniture has been purchased to modernise the enviroment.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment are completed, and be available for inspection.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All references,enhanced accessNI check and employment history are held within HR recruitment department.</p> <p>Email of confirmation of pre employment checks that is forwarded by BSO prior to unconditional offer will be filled in staff folder on first day of employment.</p> <p>NISCC registration certificates are held on site.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 32 (1)(h)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall submit the variation to inform RQIA of the proposed change of purpose of the downstairs room.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: This will be completed by 03.05.2022. Registered Manager has had some difficulty in gaining access to portal. RQIA Care Team and Estates Team are aware of the need for variation and all relevant information regarding same is available.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the flooring is repaired to the identified bathroom.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Bathroom flooring seal has been repaired by estates department -LVH on 11th March 2022</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2022</p>	<p>The registered person shall review the domestic staffing hours to ensure that there are sufficient hours to meet the needs of the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This recommendation has been forwarded to Support services management requesting that domestic cover is provided over the weekend period in Hillhall. A variation form and costing to be completed by support services manager. The costing for this have been approved by senior management.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall implement the fire risk assessment action plan recommendations, in accordance with the risk assessor`s stated time-frame.</p> <p>Response by registered person detailing the actions taken: Fire Risk Assessment was completed on 9th February 2022 review date as March 2023 Action Plan - Estates actions have been logged onto the backtrack system-out to contract with MCT.</p> <p>Management actions - Staff refresher training completed on 21st March 2022. NFO training updates for all band 5 taking place on 11th & 15th April 2022. All other management actions complete.</p>

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