



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Service and Establishment ID: Hillhall Home (1001)

Date of Inspection: 21 November 2014

Inspector's Name: Alice McTavish

Inspection No: IN017563

**The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501**

1.0 General information

Name of home:	Hillhall Home
Address:	11-19 Hillhall Gardens Lisburn BT27 5DD
Telephone number:	02892679364
Email address:	margaret.okane@setrust.hscni.net
Registered Organisation/ Registered Provider:	Hugh Henry McCaughey
Registered Manager:	Claire Hughes, pending registration
Person in charge of the home at the time of inspection:	Claire Hughes
Categories of care:	RC-LD, RC-LD(E)
Number of registered places:	7
Number of residents accommodated on day of Inspection:	2
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Secondary Unannounced Inspection 17 April 2014
Date and time of inspection:	Primary Unannounced Inspection 21 November 2014 9.30am – 3.35pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the manager, registration pending
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff, representatives and visiting professionals
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation Process

During the course of the inspection the inspector spoke to the following:

Residents	3
Staff	2
Relatives	8
Visiting Professionals	1

Questionnaires were provided during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	10	5

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
 - **Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication**
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
 - **The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents**

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Hillhall Home is a residential care home situated on the outskirts of the city of Lisburn and is close to all local amenities. The residential home is owned and operated by South Eastern Health and Social Services Trust. Mrs Claire Hughes has made application in April 2014 to be manager of the home and the application is currently in process.

Hillhall Home provides a respite care service to adults who have a range of learning disabilities. One place is reserved for emergency admissions. The home has been converted from a terrace of Northern Ireland Housing Executive houses. There are small gardens to the front and the rear of the buildings with car parking to the front of the building.

Accommodation for residents is provided in single rooms on the ground and first floors of the building. Access to the first floor is via stairs. There are communal lounges and a large dining area on the ground floor. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home including a spacious bathroom on the ground floor which is fully adapted to meet the needs of those respite service users who have limited mobility.

The home is registered to provide care for a maximum of seven persons under the following categories of care:

Residential care

LD	Learning Disability
LD(E)	Learning Disability – over 65 years

8.0 Summary of Inspection

This primary unannounced care inspection of Hillhall Home was undertaken by Alice McTavish on 21 November 2014 between the hours of 9:30am and 3:35pm. Mrs Claire Hughes was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these requirements and recommendations have been addressed within the timescales specified by RQIA. The detail of the actions taken by Mrs Claire Hughes can be viewed in the section following this summary.

Prior to the inspection, in April 2014, Mrs Claire Hughes completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Claire Hughes in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, relatives and a visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had policies and procedures in place which reflected best practice guidance in relation to restraint, seclusion and human rights. A recommendation was made, however, that the policy is updated to include that RQIA must be notified on each occasion restraint is used.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Hillhall Home was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. A recommendation is made in that a suitable policy is developed.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided.

The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. Activities are provided by care staff. A selection of materials and resources were available for use during activity sessions. Comprehensive records were maintained.

The evidence gathered through the inspection process concluded that Hillhall Home was compliant with this standard.

Resident, representatives, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, representatives, staff and one visiting professional. Questionnaires were distributed to staff to be returned to RQIA.

In discussions with residents they indicated that that they were happy and content with the respite services provided in the home, with the facilities and their relationship with staff. Resident representatives indicated their satisfaction with the provision of services and care afforded to their relatives and complemented staff in this regard.

Discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professional are included in section 11.0 of the main body of the report.

Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and two recommendations were made as a result of the primary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional, manager, and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 17 April 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19(2) Schedule 4. 7	<p><u>Staff duty roster</u></p> <p>The manager must ensure that the surnames of staff are recorded in the staff duty roster.</p>	An examination of the staff duty roster confirmed that the surnames of staff are now recorded.	Compliant
2	Regulation 8 (2)	<p><u>Registration</u></p> <p>The manager is required to submit her application for registration as manager of Hillhall Resource Centre to RQIA.</p>	RQIA has received an application from Mrs Claire Hughes to be registered as manager of Hillhall Home.	Compliant
3	Regulation 14 (2) (d)	<p><u>First Aid refresher training</u></p> <p>The manager must ensure remaining five staff receive refresher First Aid training</p>	An examination of the staff training records confirmed that First Aid refresher training has been provided to all staff.	Compliant
4	Regulation 27 (2) (b)	<p><u>Divan bed</u></p> <p>The base of the divan bed in bedroom 2 requires attention.</p> <p><u>Sofa repair</u></p> <p>The settee in the room on the ground floor requires attention as the covering was torn with foam protruding.</p>	An examination of the premises confirmed that the divan base and sofa have been replaced.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 28.3 COSHH Requirements	<p><u>Cleaning Lotion – storage</u></p> <p>On the day of inspection cleaning liquids (four bottles) were inappropriately stored in an unlocked cupboard under the stairs.</p> <p>The registered manager must ensure that all cleaning liquids are appropriately stored.</p>	An examination of the premises and discussion with the manager confirmed that all cleaning materials are now stored in a secure outside shed.	Compliant
2	Standard 12.10	<p><u>Policy/procedure</u></p> <p>In order to further enhance this standard it is recommended that a comprehensive policy/procedure on choking, with includes residents who do not have teeth and refuse to wear dentures, is developed.</p>	Discussion with the manager confirmed that the Trust has developed a draft policy and procedure. This is to be ratified in the near future.	Compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider’s Self-Assessment	
Each Client using the respite service has a range of assessments completed by the Multi-disciplinary team prior to admission. These include social worker/care manager report and where appropriate Learning disability community nurse reports, speech and language, behaviour support and psychology input. The key worker attends a respite panel to provide staff with the detail of the clients care needs. Once the client has been accepted for respite the manager will allocate a key worker from the facility. The key worker will link with the client and carer and arrange tea time visit. The key worker will begin to draw up a detailed care plan using the up to date assessments and discussion with the client and carer. Each client has a detailed person centered plan to reflect clients usual conduct, behaviour and means of communication it also outlines the strategies to be used to meet these assessed needs. All staff within the unit are expected to read and be aware of the content of these care plans.	Substantially compliant
Inspection Findings:	
The home had a policy and procedure entitled ‘Management of Aggression and use of Restraint’ dated May 2012 in place. A review of the policy and procedure identified that it refers to the South Eastern HSC Trust’s Seclusion policy which references the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). An additional policy and procedure document ‘Responding to Service Users Behaviours’ 2013 included the need for Trust involvement in managing behaviours which challenge. The document ‘Guidance for staff on matters that need to be reported or referred’ detailed that RQIA must be notified on each occasion restraint is used.	Substantially compliant

A recommendation is made that senior management within the Trust is made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used.

Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.

A review of staff training records identified that all care staff had received training in behaviours which challenge, Care and Responsibility Breakaway Training, in October and December 2013 which included a human rights approach. All staff members are due to receive training in Managing Aggressive and Challenging Behaviour and this is in the process of being arranged.

A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.

Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment All staff have detailed knowledge of each clients service plan. If a clients behaviour causes concern staff will check with the client if there is anything wrong. They will check that the service plan is being complied with in full. They will check for underlying physical conditions and seek GP advice where necessary. They will discuss with next of kin to discover if something has happened prior to admission that might have impacted on the clients behaviour. Staff will make contact with the registered manager to discuss management of the situation. Relevant professionals where appropriate e.g behaviour support, social worker will be contacted. If the behaviour warrants a RQIA notification, this will also be sent. There will be an escalation as appropriate throughout management lines to provide organisational support to the staff team. The manager will report any concerns to the Community Services Manager during either informal or formal supervision.	Substantially compliant
Inspection Findings: The 'Responding to Service Users Behaviours' 2013 policy included the following: <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff, the trust, relatives. A separate document notes that RQIA must be notified. . Agreed and recorded response(s) to be made by staff Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff members were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with visitors confirmed that they had been informed appropriately.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
<p>10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	
Provider's Self-Assessment	
<p>Each Client has a detailed person centered service plan, that is devised and agreed with client (where appropriate) and/or carer detailing the agreed consistent approaches or responses from staff. Professionals such as speech and language and behaviour support are also involved in the care planning process and will advise and provide support on the most appropriate communication strategy and behaviour management techniques to be used. This information is also kept in the clients file and shared with staff.</p>	Substantially compliant
Inspection Findings:	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. One respite user has a one to one arrangement in place to provide constant supervision during waking hours. This is based on a comprehensive risk assessment and the care plan has been devised by the Behaviour Nurse Therapist, Social Worker and the manager and is agreed with the service user's representatives. The manager ensures that all staff familiarise themselves with the details of the supervisory arrangement and sign that they have done so before the respite user commences the service.</p>	Compliant

Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All behaviour management programmes will have been devised by the behaviour support team in conjunction with the client, carers and staff from this service. Staff from other services involved with the client eg day care may also be involved to ensure a consistent approach. Behaviour management programmes are monitored and kept under review.	Substantially compliant
Inspection Findings:	
<p>A review of policy and procedure 'Responding to Service Users Behaviours' 2013 identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p> <p>A review of one behaviour management programme identified it had been approved by an appropriately trained professional. The behaviour management programme formed a part of the resident's care plan and there was evidence that it was kept under review.</p>	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a behaviour management programme is devised the behaviour support team will provide training, support and advice directly to the staff on the specific programme. Staff has received introduction to TEACCH training. They have also received training in break away techniques and care and responsibility. There have not been any behaviours where C&R techniques have been used over the past 3 years.	Substantially compliant
Inspection Findings:	
A review of staff training records evidenced that staff had received training in behaviours which challenge. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings. Discussions with staff indicated that they were knowledgeable in regard to the behaviour management programmes in place.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment Each clients service plan details the level of support to promote their own safety and the safety of others. Where an incident occurs it is recorded in the service plan , the trust IR1 reporting system and to RQIA as a notifiable event. A multi disciplinary review will be held to discuss the incident and the future level of support required. At all times the issue of the least restrictive practice will be advocated.The Trust has an integrated governance structure which collates quarterly detailed management information regarding the number of incidents and trendswhich are on the agenda of Clinical & Social Care Governance Meetings.	Substantially compliant
Inspection Findings: A review of the accident and incident records between July 2014 and October 2014 and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A review of four care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	Compliant

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
Provider's Self-Assessment	
There has not been an incident of C&R in the last three years. Other measures of restraint such as the locked front door, alarms on clients bedroom doors (where appropriate) have been discussed and considered carefully following advice from relevant professional staff, clients and carers. All service plans detail any aspect of restraint used within the service and is reviewed and monitored each period of respite.	Substantially compliant
Inspection Findings:	
<p>Discussions with staff and visitors, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when any restraint has been used. The circumstances and nature of the restraint were recorded on the resident's care plan. Restraint had recently been used on only one occasion.</p> <p>The use of locked entrance doors, door alarm on one bedroom door and the use of sound monitor to alert staff of epilepsy seizure activity for identified service users is based on professional assessment. A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
The service has scoped the individual interests of each client, following consultation with the clients , carers and other services such as day care. Respite is planned two months in advance to ensure that clients with similar interests and friendships or support needs are booked in together. This has enabled staff to develop a weekly activity programme taylored to meet the needs of the clients who are in receipt of respite for that period.	Substantially compliant
Inspection Findings:	
The home did not have a policy on the provision of activities. A recommendation is made that a suitable policy is developed. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Substantially compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>The activity programme includes a range of physical activities, community inclusion, therepeutic interventions. This can be viewed on inspection. Feedback from service users about which activities they enjoy is very important.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Many service users attend day care during the week. Examination of the programme of activities identified that social activities are organised each evening and at the weekends.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities whilst availing of the respite service.</p>	<p>Compliant</p>

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
A clients forum takes place monthly , where client have the oppurtunity to provide feedback on development of programme of activities. This issue can also be raised annually at reviews and informally on a daily basis while the service user is in the unit. Service Users are free to opt in /out of programmed activities or suggest alternatives.	Substantially compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff, in care management review meetings and residents and staff activity feedback forms.	Compliant

Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment A visual format is displayed on the notice board as well as a written format which is available in a file in the office. This file also includes the level of participation and the duration of the activity. A note is also made in the individuals file of the activities they participated.	Compliant
Inspection Findings: On the day of the inspection the programme of activities was on display on the notice board in the entrance hallway. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents confirmed that they were aware of what activities were planned. The programme of activities was presented in an appropriate large print and pictorial format to meet the residents' needs.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
Provider's Self-Assessment	
Equipment can be adapted to provided activity for a wide ranging client group. Staff support clients to carry out activities depending on the level of need and wishes of the client.	Substantially compliant
Inspection Findings:	
<p>Activities are provided for each evening and at the weekends by care staff. Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts materials, DVDs, CDs, Wii interactive computer game, floor and board games, jigsaws, cooking and baking equipment and ingredients. Residents are supplied with outdoor clothing for guided walks and gardening activities are made available.</p> <p>The Trust provides a minibus to facilitate outings and transport is provided free of charge to the service users. Respite residents pay for their own admission fees to events and for any meals or takeaway food purchased outside the home. The Carers Group engages in fundraising to purchase additional equipment. Funds are currently being raised to purchase televisions for each bedroom. Hillhall Home has a relationship with the local branch of a large supermarket chain which donates ingredients for cooking and baking.</p>	Compliant

Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programming of activities is completed on a weekly basis and is planned around the needs, wishes and abilities of the service users who are availing of respite at that time.	Substantially compliant
Inspection Findings:	
Care staff and the manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS	
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Staff working within Hillhall facilitate most of the in house activities programmed, however community based activities are encouraged including bowls, cinema and special olympic activities.	Substantially compliant
Inspection Findings:	
The manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not applicable
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
NA to date	Not applicable
Inspection Findings:	
The manager confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not applicable

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider’s Self-Assessment	
A written record of all activities, who has lead the activities and who has participated, is kept in the activity file in the office and in the service users files.	Compliant
Inspection Findings:	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was evidence that appropriate consents were in place in regard to photography and other forms of media.	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The current structured programme has only recently been developed. The programme is reviewed on a weekly basis to meet the changing service user group needs. Feed back will be received formally through our quality assurance systems, such as service user forum meetings, questionnaires and reviews. The programme is also informally reviewed by interaction with service users on an ongoing basis.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>A review of the programme of activities identified that it is revised weekly to meet the individual needs of the residents who are scheduled to use the respite service.</p> <p>The manager and care staff confirmed that planned activities were also changed at any time at the request of residents.</p> <p>Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

11.0 Additional Areas Examined

11.1 Resident's Consultation

The inspector met with three residents individually. In accordance with their capabilities the residents expressed that they were happy and content with the respite service provided to them in the home, with the facilities their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "I have a great time here. I get to go out all the time. The staff is great and I really enjoy coming here."
- "They've looked after me here really well."

11.2 Relatives/Representative Consultation

Eight relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I'm very happy with the respite care provided here. Without the day centre and here, I don't know what I'd do."
- "It's great that we are now given three months' notice of when the service is available. It really helps me to plan my breaks well in advance."
- "(My relative) loves coming here. When (my relative) sees the bag packed, (my relative) gets so excited."
- "There's plenty to do in the evenings – (my relative) always seems to have been out on bus runs or to the cinema, or to a restaurant."

11.3 Staff Consultation/Questionnaires

The inspector spoke with two staff of different grades and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- “The staff team is very helpful and approachable and are very good with the relatives; they take account of all the small things that make the service user’s stay successful. The staffing levels are good, there is good teamwork and staff morale is good. They make this a ‘home from home’ for the residents. There is no difference made between the senior and junior staff members, everyone works together; staff and residents also eat together and this makes mealtimes feel like a family event.”
- “There has definitely been progression over the last 18 months. Staff are feeling confident in their ability to provide a good service to the respite service users. We have now entered a new chapter with a new manager who is very supportive of the staff team.”

11.4 Visiting Professionals’ Consultation

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

- “Hillhall is a very good resource. Although the building is converted from a row of houses, it has recently been improved and made more comfortable which works much better for the respite residents.”

11.5 Observation of Care Practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner.

11.6 Care Reviews

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the users of the respite services in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant’s satisfaction with the outcome of the investigation was sought. The manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Mrs Claire Hughes and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

11.9 Guardianship Information/Resident Dependency

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

11.10 Fire Safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 7 November 2014. The review identified that the recommendations made as a result of this assessment are in process of being actioned by the Trust.

A review of the fire safety records evidenced that fire training had been provided to staff on six dates between 21 February 2014 and 5 November 2014. The records also identified that an evacuation had been undertaken on 31 October 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of Staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Claire Hughes. Mrs Hughes confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Claire Hughes as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Unannounced Care Inspection

Hillhall Home

21 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Claire Hughes either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <ul style="list-style-type: none"> Reference to this is made in that senior management within the Trust should be made aware that the policy document, 'Management of Aggression and use of Restraint' should be updated to include that RQIA must be notified on each occasion restraint is used. 	One	The manager has raised this issue with her line manager in supervision. Contact has also been made with the author of the Trust policy who will review the policy content in conjunction with the recommendation.	30 January 2015
2	13.1	<p>The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.</p> <ul style="list-style-type: none"> Reference to this is made in that a suitable policy should be developed. 	One	A local ISO procedure has been developed and implemented.	30 January 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Claire Hughes
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Whittle, Director of Adult Services and Prison Healthcare

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	21 January 2015
Further information requested from provider			