



Unannounced Follow-up Care Inspection Report 25 February 2019



Hillhall Home

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

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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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with seven beds that provides respite care for adults who have a learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Hugh Henry McCaughey	Registered Manager: Patrick Robinson, Acting – no application required
Person in charge at the time of inspection: Kay Kelly, Residential Worker	Date manager registered: 1 June 2018
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

4.0 Inspection summary

An unannounced care inspection took place on 25 February 2019 from 13.05 to 15.35.

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

This was a focused inspection to assess progress with the areas for improvement identified during the last care inspection and to examine the home's internal and external environment.

An area requiring improvement was identified. This related to the internal environment of the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Patrick Robinson, manager, after the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and any written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge and one member of care staff. No residents, visiting professionals or residents' representatives were present.

A total of 10 questionnaires was provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a resident's representative. No questionnaires were returned by staff within the agreed timescale.

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

- staff duty rota
- care files of three residents
- reports of visits by the registered provider

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 3 August 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003		Met
Area for improvement Ref: Article 40.- (1) Stated: First time To be completed by: 14 September 2018	The registered person shall ensure that the information regarding the home's fire risk assessment, legionella risk assessment, lifting equipment and checks of the Northern Ireland Adverse Incidence Centre (NIAIC) alerts is completed and returned to RQIA.	
	Action taken as confirmed during the inspection: This information was completed and returned to RQIA.	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (7) Stated: First time	The registered person shall ensure that the staff duty rota is amended to include the following: <ul style="list-style-type: none"> • the working hours of the manager • the name of the person in charge in the absence of the manager • footnotes to explain any abbreviations used • staff shifts noted using 24 hour clock • a full list of staff Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspection of the staff duty rota confirmed that this was amended accordingly.	

Area for improvement 2 Ref: Regulation 16. – (2) (b) Stated: First time	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none">the care records for all residents are thoroughly reviewed to accurately identify those who have epilepsycare plans for residents who have epilepsy are updated to include the management of epilepsythe risk assessments for residents who have epilepsy are updated accordingly <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of a sample of care records confirmed that these actions were completed.</p>	Met
Area for improvement 3 Ref: Regulation 29. Stated: First time	<p>The registered person shall ensure that visits by the registered provider take place and a report made available for all interested parties.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: Inspection of the reports of the visits by the registered provider confirmed that these take place and a report is made available for all interested parties.</p>	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: Second time	<p>The registered person shall ensure the following –</p> <ul style="list-style-type: none">the care plan for one identified resident is reviewed to include the management of epilepsythe risk assessments for one identified resident are updated <p>Ref: 6.2</p> <p>Action taken as confirmed during the inspection: Inspection of documentation confirmed that these areas were addressed.</p>	Met

Area for improvement 2 Ref: Standard 27.1 Stated: First time	The registered person shall ensure that the pull cord for the light in the downstairs staff toilet has a plastic, wipeable cover fitted in order that it may be effectively cleaned. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Inspection of the downstairs staff toilet confirmed that a plastic, wipeable cover was fitted to the pull cord for the light.	

6.3 Inspection findings

The home's environment

It was noted that the paintwork was peeling on the window sills at the front and back of the entire building. The paintwork on the handrail at the front of the home was also in a poor state. The interior of the home was well decorated, clean, warm and comfortable. In several of the bedrooms, however, there were gaps in the window blinds where they had been damaged and there were broken curtain rings which meant that the curtains could not be closed properly. This had the potential to have an impact on privacy for residents as the home was overlooked by other houses in the vicinity. Staff reported that there were plans in place to rectify these areas, but that no specific timeframe had been given.

The manager later advised that there was input planned from Occupational Therapy to identify areas for improvement which would include painting, decorating, furniture, sensory improvements, etc. The Carers group was also to be involved in suggesting how the building could be upgraded to make a better experience for residents and staff. When this was completed, a business case to access adequate funds would be made.

Whilst decorative improvements to the exterior of the building were not urgent and could be considered within the larger works planned for the home, more immediate action was required, however, to ensure compliance with the standards in relation to the home's internal environment as this affects the privacy of residents who currently use the respite care service.

One completed questionnaire was returned to RQIA from a resident's representative. The respondents described their level of satisfaction with the care as very satisfied.

A comment received was as follows:

- "All staff show excellent attention to detail to ensure safe, enjoyable experience for (my relative) during respite."

Areas for improvement

One area for improvement was identified during the inspection. This related to repair or replacement of window blinds and curtain rails in residents' bedrooms.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patrick Robinson, manager, after the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

Area for improvement 1	The registered person shall ensure that the window blinds and curtain rails in residents' bedrooms are repaired or replaced. Ref: 6.3
Ref: Standard 27.1 Stated: First time To be completed by: 30 April 2019	Response by registered person detailing the actions taken: The window blinds and curtain rails are currently being repaired and some will be replaced. Patrick Robinson, Acting Registered Manager has asked Moira Scanlon, Head of OT Adult LD Services, to identify areas for improvement with the internal and external environment that would enhance the service users and staff experience at Hillhall. This would include decor, sensory stimulation, furnishings, use of rooms etc. Mr Robinson will then develop an action plan for implementation of recommendations and make a business case for funding if required. The Carers Group at Hillhall and service users are contributing to this work in a co production approach.

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



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