



Unannounced Care Inspection Report

29 October 2019



Hillhall Home

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

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 registered residential care home which provides care for up to seven residents.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Seamus McGoran	Registered Manager and date registered: Catherine Price Registration Pending
Person in charge at the time of inspection: Catherine Price	Number of registered places: 7
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 6

4.0 Inspection summary

An unannounced inspection took place on 29 October 2019 from 10.00 hours to 17.00 hours.

This inspection was undertaken by the care inspector.

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

Evidence of good practice was found in relation to staffing, adult safeguarding, residents' activities, fire safety, Northern Ireland Social Care Council (NISCC) registration, handover reporting, teamwork, communication between residents and staff, the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives, taking account of the views of residents, records storage, admission and discharge, activities, maintaining good working relationships and working within the registered categories of care.

Areas requiring improvement were identified in relation to staff induction, training, supervision, infection prevention and control, residents' health and welfare, the home's environment, care plans, governance arrangements, audit, reporting of notifiable events, frequency of staff meetings and the management oversight of the home.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	4	*6

*The total number of areas for improvement include one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Catherine Price, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 25 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 February 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

Two questionnaires were returned following the inspection. One stated that they were very satisfied and one stated they were satisfied with care in the home.

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

- staff duty rotas from 02.09.19 to 29.10.19
- staff training schedule and training records
- one staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from 01.04.19 to 28.10.19
- monthly monitoring reports from March 2019 – October 2019
- fire risk assessment
- fire training
- fire drills
- record of staff meetings
- record of resident meetings
- NISCC checks for staff
- a sample of audits
- RQIA registration certificate

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as 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 last care inspection dated 25 February 2019

Areas for improvement from the last care inspection		
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: First time	The registered person shall ensure that the window blinds and curtain rails in residents' bedrooms are repaired or replaced.	Not met
	Action taken as confirmed during the inspection: Inspection of the window blinds and curtain rails in residents bedrooms by the inspector found that the blinds were broken and continue to need repaired or replaced. This area for improvement has not been met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On the day of the inspection the home was warm, well lit and free from malodours. Communal areas were uncluttered, tidy and there were Halloween decorations in the hallway.

All the residents were going out to their respective day centres and did not return until 4 pm. Staff on duty during the inspection were very helpful and provided the inspector with the information required to complete the inspection.

No concerns regarding staffing levels were raised by staff, residents or management. This was also evidenced on inspection of the staff rota which reflected appropriate levels of staff on duty on the day of inspection. Staff told the inspector:

- “There are no staffing problems,”
- “The shifts are all covered here.”

Discussion with the manager confirmed that staffing levels and skill mix were based on the residents’ assessed needs. The manager’s hours were noted to be incorrect on the duty rota and are to be updated to accurately reflect the hours she is in the home.

The outside of the building was in a state of disrepair with nearly all the paint flaked off the window ledges and garden furniture. The plaster on the walls in the living room and dining room were chipped. The door frames in most of the entrance doors to the communal rooms and bedrooms in the home were damaged and paint also chipped off.

This has been highlighted as an area for improvement to meet the required standards.

The blinds in the sitting room, games room and residents bedrooms were broken which did not allow for privacy for residents. This has been stated for a second time as an area for improvement to meet the standards

Inspection of residents’ bedrooms found that four rooms did not have a bin or paper towels. One resident’s room had a shower bed in the bathroom which was heavily stained and a shower chair which was rusted. The toilet roll dispenser in this bathroom was also dirty and the bed bumper was not clean. In two shared bathrooms it was noted that gloves were stored on the wall directly above the toilet and there was wash creams stored for communal use. The clean laundry cupboard was noted by the inspector to have clean laundry stored on the floor and the laundry room had two rusted clothing rails for drying clean clothes. This has been highlighted as an area for improvement to meet the regulations.

Fire exits inspected were free from obstacles and records showed that fire evacuation plans were in place for all residents. Records inspected identified that weekly fire checks were taking place and the firefighting equipment was subject to ongoing inspection. A fire risk assessment was in place and was up to date. There was evidence that fire drills having been carried out in the home in June, July and August 2019.

The sitting room contained a hot iron which was left unattended by staff and this was reported and removed immediately. The contents of an unlocked cupboard under the stairs identified there was a box of bleach stored. This was reported by the inspector to staff for removal. These areas are highlighted as areas for improvement to meet the required regulations.

Training records for staff were inspected and the inspector noted that infection prevention and control, hand hygiene, food hygiene and fire training were not up to date for all staff. This was discussed with the manager as requiring completion as soon as possible. Training dates were to be arranged by the manager. This has been highlighted as an area for improvement to meet the required standards.

Staff who spoke with the inspector demonstrated a good knowledge of their roles and responsibilities. Observation of the handover report identified that staff knowledge of residents care needs was excellent with clear concise information being provided on residents' discharges, new admissions, daily updates and residents' behaviour issues. Observation of staff interactions identified good working relations and teamwork.

On discussion staff knowledge was reflective of the Safeguarding Regional Policy and Procedure. Staff who spoke with the inspector demonstrated a good understanding of reporting mechanisms and processes for raising concerns. Staff were able to accurately state what action they would take if they suspected or witnessed any form of abuse within the home. Staff also had a good knowledge of the homes whistleblowing policy and procedure and what action to take if they had concerns which were not being addressed.

Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to the appropriate code of conduct. Inspection of the home's NISCC registrations for staff confirmed that all staff were registered appropriately.

Supervision records inspected showed that there was a planned supervision schedule for staff however it was not evident that supervision was completed for July 2019 records. Inspection of a staff induction record identified that all the home's policies had not been discussed during induction and the induction record had not been signed or dated. This was highlighted as an area for improvement to meet the required standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, adult safeguarding, residents' activities, fire safety, NISCC registration, handover reporting and teamwork.

Areas for improvement

The following areas were identified for improvement in relation to staff induction, staff training, supervision, infection prevention and control, residents' health and welfare and the home's environment.

	Regulations	Standards
Total numb of areas for improvement	2	3

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff were observed working well together and it was noted on the rota that each shift was supported by a senior staff member. A new resident was admitted on the day of inspection. Staff completed an assessment of the resident's circumstances and were observed to be very supportive in helping the resident settle into the new environment. The resident told the inspector:

- "I like my room."
- "They (staff) have been nice to me here."
- "I brought my own tapes to play my music."

Care records were observed to be stored safely and securely in line with data protection/General Data Protection Regulation (GDPR) record storage standards. Care records inspected identified that there were assessments in place for each resident in relation to behaviours, eating and drinking, sleeping, personal care, mobilising, likes and dislikes, hot water usage, manual handling, restrictive practices, medication and a daily updates sheet. It was identified by the inspector that separate care plans for residents requiring use of antibiotics were not used and on discussion with staff separate care plans for newly assessed needs such as wounds or infections were not used. One resident's restrictive practice care plan was not signed or dated by the resident, their representative or staff member. These areas were discussed with the manager. The inspector was assured by the manager that recording deficits identified by the inspector would be updated. This has been highlighted as an area for improvement to meet the standards.

Residents presented well on the day of inspection and were provided with their choice of drink and snack when they arrived at the home. There was a calm atmosphere observed as relatives visited with a resident. Relatives told the inspector:

- "He (resident) is very settled here."
- "Staff look after him very well."
- "Staff follow any instructions I given."

Residents were observed settled and watching their favourite movie. One resident told the inspector:

- "I love it here."
- "They (staff) are really good to me."
- "I sleep really well here."

The dining area was clean and tidy and the dinner menu was displayed clearly for residents to see. A resident was enjoying a cup of tea in the dining room and enjoying a chat with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to, communication between residents and staff, records storage, admission and discharge and activities.

Areas for improvement

The following areas were identified for improvement in relation to staff ensuring that residents' care plans were based on residents' assessed needs, were comprehensive and up to date.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout the day interaction between staff and residents was observed by the inspector and found that residents were treated with respect, compassion and dignity. Residents were asked what they wanted to eat or drink when they arrived at the home in the afternoon.

An activities schedule was in place in the activities file however this was not up to date on the activities board for staff, residents and relatives to see. This was corrected by staff following discussion with the inspector. Staff advised that this would be kept updated so residents would be able to see what activities were planned throughout the day. Activities planned included attending the fireworks display and pamper evenings.

Inspection of the complaints record showed only one complaint since the last inspection which had been dealt with and resolved. There were many examples of thank you cards and compliments from residents and relatives. Records inspected showed that there was an up to date complaints policy in place and a How to Make a Complaint leaflet.

Care records which were inspected were written in a compassionate manner and included information on residents likes and dislikes. There was evidence that RQIA posters and resident feedback leaflets were available for residents, visitors and staff to respond to.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and respect, listening to and valuing residents and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was clearly displayed in the home. The inspector noted that the certificate was accurate and up to date. Discussion with the manager and staff identified that the home was operating within its registered categories of care.

Interaction between the manager and staff was observed to be relaxed and respectful with good communication and discussion throughout the day of inspection. Staff told the inspector:

- “There is a good team.”
- “They (team leaders) are very supportive.”

The manager remained on duty throughout the inspection and kept her door open for any help required. Inspection of audits for the home found that no audits are being carried out by the current manager. On discussion with the manager she confirmed that this was correct. The inspector reminded the manager that the audits must be carried out to ensure oversight of quality of care within the home. The manager has agreed that audits will be put in place immediately. This has been raised as an area for improvement to comply with the standards.

Inspection of the Regulation 29 reports completed by the responsible individual found that these were not being carried out on a monthly basis. Regulation 29 visits had not taken place on 3 months in 2019 and for those that were carried out action plans had not been completed and signed. This was discussed with the manager who informed the inspector that funding has been secured for a new registered manager to manage this home only and no other facilities. The inspector advised that a Regulation 29 visit must take place monthly and any actions identified must be completed. The manager has agreed this will be commenced immediately. This has been raised as an area for improvement to comply with the regulations.

Review of incidents and accidents identified that three notifications of incidents had been forwarded to RQIA late by 119 days, 155 days and 206 days and this was discussed with the manager. The manager was advised on the requirement to report all notifiable events within 3 days of their occurrence. This has been highlighted as an area for improvement to comply with the regulations.

Inspection of records for staff meetings identified that meetings were held six monthly despite the homes statement of monthly. This was discussed with the manager as needing to be reviewed.

The manager's working hours in the home were noted to be less than two days per week and on discussion with the manager the inspector was advised that a dedicated registered manager was to be recruited and appointed to the home so they could be there full time. The manager stated that the recruitment process has been commenced.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships and working within registered categories of care

Areas for improvement

The following areas were identified for improvement in relation to governance arrangements, audit, reporting of notifiable events, frequency of staff meetings and the oversight of the home

	Regulations	Standards
Total number of areas for improvement	2	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 Catherine Price, 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 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13.-(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure residents bedrooms are supplied with bins and paper towels. One bedroom will have the soap dispenser, the bed rails bumper, shower bed and mattress appropriately cleaned after use and the shower chair replaced. Gloves will be removed from the toilet walls and wash creams removed from communal bathrooms. Clean laundry will be stored on shelves off the floor.</p> <p>Ref: 6.3</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13.-(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that a hot iron is used in a safe area and bleach is stored in a locked cupboard.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All bedrooms now have new bins. Paper towel dispensers have been ordered, shower chair has been ordered and environment is decontaminated after each service user. Glove holders will be removed from bathrooms and awaiting estates department to reposition. All laundry is now stored on shelves. Infection control officer has visited and completed audit to highlight areas for improvement.</p> <p>Response by registered person detailing the actions taken: All staff have been informed of the risks of using hot iron and follow COSHH policy and procedures.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure Regulation 29 visits take place monthly and all actions identified must be completed dated and signed.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has informed senior line management who has completed an action plan to ensure that monthly Regulation 29 visits are undertaken without delay and actions are followed up on.</p>

Area for improvement 4 Ref: Regulation 30 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure that all notifiable incidents are reported to RQIA in accordance with Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that all notifiable incidents are reported to RQIA in accordance with Regulation 30 of the residential care homes regulations (NI) 2005 immediately.</p>
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Standard 27.1 Stated: Second time To be completed by: January 2020	<p>The registered person shall ensure that the window blinds and curtain rails in residents' bedrooms are repaired or replaced.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Manager is currently sourcing quotes for replacement blinds and curtain rails as per trust policy and will be completed within timescale given.</p>
Area for improvement 2 Ref: Standard 27.1 Stated: First time To be completed by: January 2020	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Manager has contacted estates department and requested appropriate action to repair and decorate walls, doorframes in the communal rooms and bedrooms to be maintained to a good standard. This will be completed within the timescale given.</p>
Area for improvement 3 Ref: Standard 23.4 Stated: First time To be completed by: immediately from the date of inspection	<p>Staff training is to be completed for infection prevention and control, hand hygiene, food hygiene and fire training in accordance to the agreed timelines for completion of mandatory training.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Manager will ensure that all staff training will be completed for infection prevention and control, hand hygiene, food hygiene and fire training as per trust policy.</p>

Area for improvement 4 Ref: Standard 23.1 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure all areas of induction for a new staff member are completed, signed and dated.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Manager will ensure that all areas of induction for new members of staff are completed, signed and dated.</p>
Area for improvement 5 Ref: Standard 6.2, 6.3 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure care plans record and reflect each residents' assessed care needs. Restrictive practice care plans must be signed by the resident (where appropriate) or their representative and a staff member.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Manager will ensure that care plans record and reflect each residents care assessed needs and restrictive practice care plans to be signed by the resident or their representative and a staff member as a matter of priority.</p>
Area for improvement 6 Ref: Standard 20.10 Stated: First time To be completed by: immediately from the date of inspection	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Manager will ensure that audits are systematically completed as per trust policy and procedures.</p>

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



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