

Announced Premises Inspection Report 09 November 2016



Hillhall Home

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced premises inspection of Hillhall took place on 09 November 2016 from 10:25hrs to 12:20hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the premises supported the delivery of safe care. However some issues were identified for attention by the registered provider. Reference should be made to section 4.3.

Is care effective?

On the day of the inspection the premises supported the delivery of effective care. However one issue was identified for attention by the registered provider. Reference should be made to section 4.4.

Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. However two issues were identified for attention by the registered provider. Reference should be made to section 4.5.

Is the service well led?

On the day of the inspection the management of the premises was considered to be well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms. Claire Hughes, Registered Manager and Mr. Johnny Close, Estates Officer with South Eastern HSC Trust, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 24 October 2014.

2.0 Service Details

Registered organisation/registered provider: South Eastern HSC Trust / Mr. Hugh Henry McCaughey	Registered manager: Ms. Claire Hughes
Person in charge of the home at the time of inspection: Ms. Claire Hughes, Registered Manager	Date manager registered: 07 March 2016
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 7

3.0 Methods/processes

Prior to this premises inspection, the following records were reviewed:

- The report for the previous premises inspection on 24 October 2014
- The statutory notifications over the past 12 months
- The concerns log (No concerns)

During this premises inspection discussions took place with the following people:

- Ms. Claire Hughes, Registered Manager
- Mr. Johnny Close, Estates Officer with South Eastern HSC Trust.

During this premises inspection, the following records were reviewed:

- A range of service records and in-house records relating to the maintenance and upkeep of the premises
- The legionella bacteria risk assessment report
- The fire risk assessment report.

4.0 The Inspection

The most recent inspection of this residential care home was an unannounced care inspection IN026076 on 27 October 2016. The report for this inspection will be issued by RQIA in due course. If a QIP is included with this report it will be validated by the care inspector at their next inspection.

4.2 Review of requirements and recommendations from the last premises inspection on 24 October 2014

Last premises inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulations 27(2)(b) 27(2)(d) Stated: First time	The pipe casings in the kitchen should be made good and repainted. The laundry should also be repainted. The ceiling in the laundry should be checked and made good prior to the repainting.	Partially Met
	Action taken as confirmed during the inspection: This pipe casing had been made good. This pipe casing should however be repainted. Reference should be made to recommendation 1 in the attached Quality Improvement Plan. The laundry had been repainted.	
Requirement 2 Ref: Regulations 27(2)(b) 27(2)(d) Stated: First time	The width of the window openings should be reviewed in relation to the adequacy of the natural ventilation particularly in the summer. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: The width of the window openings had been reviewed and new restrictors had been fitted following the previous premises inspection. The new window restrictors however only allow for a limited opening width. This issue should be given further consideration. Reference should be made to recommendation 2 in the attached Quality Improvement Plan.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 3 Ref: Regulations 13(7) 14(2)(a) 14(2)(c) 27(2)(c) 27(2)(q) Stated: First time	The action plan in the report for the legionella bacteria risk assessment should be signed off by the Registered Manager. The current position in relation to the thorough examinations to the hoist should be confirmed to RQIA.	Partially Met
	Action taken as confirmed during the inspection: A new legionella risk assessment had been completed for the home by a specialist company on 26 June 2015. With the exception of one issue that related to a drain down valve at the calorifier, the issues included in the action plan had been addressed. The legionella risk assessor should be consulted for further guidance on what action should be taken in relation to the calorifier. The report for the most recent thorough examination to the hoist was not presented for review during this premises inspection. Mr. Close agreed to forward a copy of this report to RQIA. Reference should be made to recommendation 3 in the attached Quality Improvement Plan.	
Requirement 4 Regulations 27(4)(b) 27(4)(d)(iv) Stated: First time	The frequency for checking the emergency lights should be reviewed and changed to monthly in line with the guidance contained in British Standard 5266. The current position in relation to the remedial works to the emergency lighting should be confirmed to RQIA. The next routine annual review of the fire risk assessment should be carried out.	Met
	Action taken as confirmed during the inspection: Monthly checks were being carried out to the emergency lights with the most recent check having been carried out on 25 October 2016 with a satisfactory outcome. The records for these monthly checks indicated that they were up to date from April 2016 to October 2016. It is important that this continues. The most recent review of the fire risk assessment was completed in December 2015.	

Last premises inspection statutory requirements		Validation of compliance
Requirement 5 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time	The door to the laundry should be adjusted to ensure that it closes properly and provides an effective smoke seal. The self-closer on the door to the staff shower/locker room should be reconnected disconnected.	Met
	Action taken as confirmed during the inspection: The door to the laundry had been adjusted. The self-closing device on the door to the staff shower/locker room had been reconnected.	
Requirement 6 Ref: Regulations 27(4)(b) 27(4)(d)(i) Stated: First time	The need for green break glass units for the electro-magnetic fastenings on the two final exit doors from the front of the premises should be reviewed with reference to the guidance contained in British Standard 7273-4:2007. The outcome of this review should be confirmed to RQIA.	Met
	Action taken as confirmed during the inspection: Green break glass units had been installed for the two final exit doors from the front of the premises.	

4.3 Is care safe?

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection.

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment.

This supports the delivery of safe care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The Northern Ireland Fire and Rescue Service completed a fire safety audit on 08 January 2015 with a satisfactory outcome. The most recent fire risk assessment was completed in December 2015. The fire detection and alarm system was inspected and serviced on 26 May 2016 and the emergency lights were inspected and tested on 25 October 2016. Face to face fire safety training was provided for the staff on 10 February 2016 and 'e' learning fire safety training was also up to date with the exception on one member of staff who had returned to work on the day of this premises inspection. Fire drills were carried out on 28 September 2016 and 27 October 2016. In addition to these fire safety measures it is recommended that the next review of the fire risk assessment should be completed by a fire risk assessor in line with the guidance issued by RQIA in relation to the competency of fire risk assessors. Reference should be made to recommendation 4 in the attached Quality Improvement Plan.
2. It was agreed that the boiler room would be cleared out.
3. The electrical equipment was inspected and tested on 11 February 2016. The fixed wiring installation was also inspected and tested on 16 and 17 January 2012 with a satisfactory outcome. The report for this inspection and test to the fixed wiring installation included a number of code C3 issues. One of these issues related to residual current devices (RCDs) to provide the most up to date shock protection. Ms. Hughes however confirmed that none of the residents would be considered to be at any significant risk in relation to this issue. This should be kept under review.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

There are arrangements in place for routine premises management and upkeep as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the premises.

This supports the delivery of effective care.

One issue was however identified for attention during this premises inspection. This is detailed in the 'areas for improvement' section below.

Areas for improvement

1. It was noted that arrangements were in hand to fit a number of additional hold open devices linked to the fire detection and alarm system to improve accessibility in the home.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

The areas of the premises reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit

Service users are consulted about decisions around décor and the private accommodation where appropriate.

This supports the delivery of compassionate care.

Two issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

Areas for improvement

1. The floor covering in the first floor bathroom on the far right of the premises was in a poor condition at the toilet and at the PVC skirtings. Ms. Hughes however confirmed that arrangements were already in hand to replace this floor covering and the floor covering to the landing area outside this bathroom. In addition to this work the ground floor lounge on the far right of the premises should be repainted.
2. The external areas to the rear of the premises should be improved. Weed and moss growth should be removed from these areas. Reference should be made to recommendation 5 in the attached Quality Improvement Plan.

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms. Claire Hughes, Registered Manager and Mr. Johnny Close, Estates Officer with South Eastern HSC Trust, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 this residential care home. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/**manager** meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to Estates.Mailbox@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p> <p>To be completed by: 06 January 2017</p>	<p>The pipe casing in the kitchen should be repainted.</p> <p>Response by registered provider detailing the actions taken: Following previous estates inspection where this recommendation was made the trust can confirm that the casing was painted at that time. It has now been arranged that further repainting of the Kitchen pipe casing has been scheduled for completion 6th January 2017.</p>
<p>Recommendation 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p>	<p>The new window restrictors should be given further consideration to ensure that these are adequate.</p> <p>Response by registered provider detailing the actions taken: The use of new window restrictors is currently being discussed by the home manager and building department supervisor in relation to the HSC guidance on the fitting of window restrictors. Cost are currently being gathered for the completion of this work, once received, a capital bid will be submitted by the registered manager.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 06 January 2017</p>	<p>The legionella risk assessor should be consulted for further guidance on what action should be taken in relation to the controls for the calorifier. The report for the most recent thorough examination to the hoist should be forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: The legionella risk assessor has been consulted for further guidance. At present two options are being explored with risk assessor, the trust estates department and the registered manager. The report for the most recent examination to the hoist had not been left at the Home by the independent engineer who carried out the examination. A request has been made to the independent contractor for this report and it will be forwarded to RQIA as soon as it is received.</p>
<p>Recommendation 4</p> <p>Ref: Standard 29</p> <p>Stated: First time</p> <p>To be completed by: Ongoing</p>	<p>It is recommended that the next review of the fire risk assessment should be completed by fire risk assessor in line with the guidance issued by RQIA in relation to the competency of fire risk assessors.</p> <p>Response by registered provider detailing the actions taken: The fire risk assessment is due to be completed early January 2017 and will be under taken by an independant fire risk assessor who is fully certified and meets the requirements in the guidance issued by RQIA.</p>

Quality Improvement Plan

Recommendations

<p>Recommendation 5</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 06 January 2017</p>	<p>The external areas to the rear of the premises should be improved. Weed and moss growth should be removed from these areas.</p> <p>Response by registered provider detailing the actions taken: The weeding and moss have been removed from the rear of the premises. The registered manager will ensure that the agreed work carried out by the contractor is completed to a satisfactory standard.</p>
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The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

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