

Unannounced Care Inspection Report

26 October 2016



Hillhall Home

Type of service: Residential care home

Address: 11-19 Hillhall Gardens

Lisburn, BT27 5DD

Tel no: 028 9266 5446

Inspector: Alice McTavish

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Hillhall Home took place on 26 October 2016 from 14.30 to 16.55. Hillhall Home provides respite care to adults with a learning disability and around 54 families avail of this service.

The inspection sought to assess progress with any issues raised during and since the last care 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?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

One recommendation was made. This was in relation to the use of salt and pepper cellars and sauce bottles in order to provide a more domestic dining experience for residents.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Claire Hughes, registered manager, 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 care inspection

Other than those actions detailed in the QIP, there were no further actions required to be taken following the most recent inspection on 3 May 2016.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust/Hugh Henry McCaughey	Registered manager: Ms Claire Hughes
Person in charge of the home at the time of inspection: Ms Claire Hughes	Date manager registered: 7 March 2016
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 7

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with six residents, one resident's representative, the registered manager, two care staff and a catering assistant. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Schedule for mandatory staff training

- Care files of four residents
- Complaints and compliments records
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 16 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 03 May 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 03 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 05 August 2016	The registered person should ensure that senior Trust staff are made aware of the following – <ul style="list-style-type: none"> • the policy on consent should be reviewed • all policies should be subject to systematic three year review 	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that senior Trust staff were made aware of the need to review the policy on consent and to review all policies every three years.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records was undertaken during the last care inspection. Discussion with the registered manager and staff evidenced that an induction programme remained in place for all staff, relevant to their specific roles and responsibilities. The Trust offered both a corporate induction and a local induction for the home. Induction was linked to the Northern Ireland Social Care Council (NISCC) standards and code of practice for social care workers.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection. The registered manager confirmed that the arrangements for annual staff appraisals and staff supervision were unchanged since the last care inspection.

The registered manager and staff confirmed that competency and capability assessments continued to be undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and were found to satisfactory.

The recruitment and selection policy and procedure was reviewed at the last care inspection which confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed that enhanced AccessNI disclosures were viewed by her for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice. Arrangements were also in place to monitor the registration status of staff with their professional body (where applicable) and this was also checked during audits of staff supervision.

Adult safeguarding policies and procedures were reviewed at the last care inspection and confirmed that these contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager reported that the Trust's adult safeguarding policy and procedure was being updated to reflect the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The registered manager confirmed that local procedures had been updated, also that the new adult safeguarding procedures relating to the establishment of a safeguarding champion had been implemented.

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within the home. Staff were knowledgeable and had a good

understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of the home's policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, wheelchair lap belts and bed rails. In addition, some bedroom doors were fitted with an alarm. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A previous review of the home's Statement of Purpose identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and a previous review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The registered manager confirmed that these policies and procedures had not been changed since the last care inspection. The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A previous review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. The registered manager advised that each

bedroom was given a deep clean after each respite resident left and before another one would be admitted to the home.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained. The registered manager, a trained nurse, advised that she had been given the responsibility of lead person in IPC for disability services within the trust area.

A general inspection of the home was undertaken. The home was fresh- smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 9 December 2015 and all recommendations were in the process of being addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. The registered manager confirmed that fire drills were completed monthly and records retained of staff who participated and any learning outcomes. Fire safety records were reviewed at the last care inspection and identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

The dining experience of residents was examined during this inspection. Inspection of the catering kitchen identified that it was clean, well equipped and well maintained. Foodstuffs were properly stored and fridge and freezer temperatures were monitored and recorded. The registered manager confirmed that kitchen staff were provided with training in food hygiene. Care staff were also trained in swallow awareness, diabetic care and first aid.

Records were kept of meals eaten by individual residents if concerns were present regarding the resident's food or fluid intake. A suitable risk monitoring tool was used, where appropriate, for such residents and there was evidence contained in the care records of liaison with residents' Dieticians and Speech and Language Therapists (SALT).

There were systems in place to ensure that dietician or SALT recommendations for therapeutic diets were followed. Discussion with the catering assistant identified that she was informed of the individual dietary needs of residents in relation to allergies, special diets, textures and consistencies of food. Staff confirmed that residents are provided with assistance with meals, if required.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. epilepsy management, nutrition, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that they had an understanding of person centred care and that a person centred approach underpinned practice. The home provided a written summary of the resident's respite period to residents' representatives.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that arrangements remained in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were reviewed in detail during the last care inspection and had evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The registered manager confirmed that systems remained in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The registered manager described how effective communication with the carers group had identified that the system of allocation of respite care needed to be improved to allow for longer notice of availability. The system was changed and families now had respite arranged three months in advance, thus affording them better opportunity to make plans for holidays etc.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of separate resident and representative meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Review of residents' care plans identified that the personal food choices and preferences of residents were actively sought and recorded. There were risk assessments present where applicable. The daily menu was displayed in the dining room in both written and pictorial formats.

Examination of the weekly menus identified that choices were provided at each mealtime and that suitable alternatives were provided. Snacks and drinks were available on request. Staff confirmed that snacks were always available.

It was observed that the dining room was clean and bright and that tables were laid with good quality crockery, cutlery and glassware. Meal portion sizes were generous and meals were attractively presented. The catering assistant and staff confirmed that additional servings were always available and provided on request. Residents reported that they enjoyed the quality of the food and that they were satisfied with the choices available to them.

The registered manager reported that the kitchen operated at the same level over seven days and a full menu was available on each day. Whilst the meals were not cooked on the premises, they were supplied cooked and chilled with fresh vegetables prepared in the home.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity and choice. The registered manager advised that the trust was in the process of reviewing the policy on consent and that a local policy had been devised in the interim.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussions with staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. Discussion with staff confirmed that consent was sought in relation to care and treatment. Although residents stayed in Hillhall for respite only, the spiritual and cultural needs of residents could be met within the home.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. A resident's representative described how a group of carers met on alternative months and had been

successful in advocating for changes in the physical environment of the home. The trust had responded by ensuring that décor and furnishings were improved.

The registered manager confirmed that residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

The registered manager described how the home had engaged in the use of Service User Stories project as an additional service improvement tool. In order to obtain the views of those residents who had limited verbal communication, Speech and Language Therapists had used specialist communication techniques. Any improvements were incorporated into an action plan, for example, residents had indicated that the height of the notice board should be reduced to allow residents to better see information displayed, also that the colour of the notice board be changed to provide better contrast with items displayed. This practice was to be commended.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of inspection, some residents were arranging to go to a local cinema.

A resident's representative commented:

- "The staff here are very good. They let me know if they have any concerns and they always provide a written report outlining how (my relative) had been and what he has been involved in while he has been here. I think the quality of care is first class. If I had any concerns, I know who to go to. My (relative) really enjoys coming here."

The registered manager described how residents were consulted and included in the planning of menus. This was achieved through residents meetings, annual surveys and one to one consultation.

Menus were provided for special occasions including Easter, Christmas and Halloween. The registered manager advised that families rarely opted to arrange respite care during a resident's birthday; if a resident was in the home over a birthday, a cake and candles would be presented and a celebratory meal made. The catering assistant and registered manager confirmed that hospitality was extended to families or groups who visited the home.

The registered manager confirmed that any resident who did not wish to take meals in the dining room could have meals brought to their bedroom.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager advised that no complaints had been received since the last care inspection. A previous review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The registered manager confirmed that arrangements remained in place to share information about complaints and compliments with staff. An audit of complaints was also used to identify trends and to enhance service provision, where required.

The accident/incident/notifiable events policy and procedure was reviewed during the last care inspection and found to include reporting arrangements to RQIA. A review of accidents/incidents/notifiable events was conducted at the last care inspection and confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. The registered manager advised that a regular audit of accidents and incidents was undertaken, that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide, both reviewed during the last care inspection. The registered manager confirmed that the Trust's senior management was kept informed regarding the day to day running of the home.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

With regard to the management of the dining experience for residents, the trust had developed a policy for take away food. There was a six monthly revision of menus and three weekly menu rotation in place. Resident satisfaction surveys were conducted and resident feedback was used to devise menus. There was a system of communication between the registered manager and catering staff in order to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

It was noted that residents used condiments and sauces which were supplied in catering sachets. In discussion with the registered manager, it was acknowledged this the use of salt and pepper cellars and sauce bottles would provide a more domestic experience for residents. A recommendation was made in this regard.

Areas for improvement

One area for improvement was identified. This was in relation to the use of salt and pepper cellars and sauce bottles in order to provide a more domestic dining experience for residents.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Claire Hughes, registered manager, 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment 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

Recommendation 1 Ref: Standard 12.1	The registered provider should ensure that salt and pepper cellars and sauce bottles are used in order to provide a more domestic dining experience for residents.
Stated: First time To be completed by: 30 December 2016	Response by registered provider detailing the actions taken: Salt and pepper cellars are now in use at meal times. Bottles of sauce have also been ordered from suppliers and will be in use once they arrive.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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