

Inspection Report

Name of Service: Hillhall Home

Provider: South Eastern Health and Social Care Trust
(SEHSCT)

Date of Inspection: 29 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
|--|---|
| Organisation/Registered Provider: | South Eastern Health and Social Care Trust (SEHSCT) |
| Responsible Individual: | Ms Roisin Coulter |
| Registered Manager: | Mrs Claire Shaw – not registered |
| <p>Service Profile – This home is a registered residential care home which provides health and social care for up to seven residents who have a learning disability for short term respite care. The home can also accept an emergency placement when required. Residents’ bedrooms are located over two floors and residents have access to communal dining and social areas within the home.</p> | |

2.0 Inspection summary

An unannounced inspection took place on 29 April 2025 from 9.30am to 4.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and the service was well led. However, improvements were required in relation to record keeping and infection prevention and control.

As a result of this inspection two areas for improvement will be stated for the second time. The remaining six areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including the new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Residents appeared happy, content and settled in their environment. Engagements between residents and staff were caring and compassionate.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home and told us that they liked staying there. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from residents or their visitors.

Staff told us that they were happy; there was enough staff on duty to provide care and they felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. Staff were also supported through staff supervisions and staff appraisals.

Checks were made to ensure the care staff maintained their registrations with the Northern Ireland Social Care Council.

Staff said there was good teamwork and told us that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff meetings were held regularly and minutes were maintained of the meetings for reference and for staff, unable to attend, to read and update on any changes or decisions made.

Staff had allocated daily duties to perform depending on their banding.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Staff respected residents' privacy by their actions such as knocking on doors before entering and by discussing residents' care in a confidential manner. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

Short stay admissions were planned in advance. When the opportunity arose, staff would contact residents' families to see if they wished to avail of a respite opportunity.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their residents.

Residents had good access to food and fluids throughout the day and night. Food was prepared freshly onsite. Residents were offered a choice of meals. The cook confirmed that they discussed the meal choice with residents each day and alternatives were provided if the resident did not like either choice. A pictorial menu was on display in the dining room showing choices of meals.

Activities were dependent on the residents' preferences. Activities were conducted in groups or on a one to one basis. Residents had access to social areas in the home including a sensory room, hairdressing/manicure room, a quiet room and lounge areas where they could watch movies. Residents were taken outside regularly to enjoy a walk and the previous night residents had gone to Newcastle for an ice cream. On the day of inspection, the residents were attending a daycare placement.

There were regular residents' meetings conducted and minutes of the meetings were kept. Discussions were around staffing, food provision, activities, outings, safety and trying new things.

3.3.3 Management of Care Records

Review of a sample of resident care plans identified that care staff had not been regularly reviewing or updating care plans when the residents were readmitted to the home. In addition, some care files had care plans missing; some were not reflective of residents' current needs and one resident's risk assessments and care plans showed no evidence of any review from July 2024. Details were discussed with the manager and areas for improvement in these regards were stated for the second time. Care records were stored securely.

Progress records were completed to reflect the residents' life in the home during each day and night shift.

Staff completed pre-admission forms with residents and/or their next of kin prior to admission to the home.

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and warm providing the residents with a comfortable environment to live in. Bedrooms were located over two floors and residents had a range of communal social rooms to relax in.

Fire safety measures were in place to protect residents, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Staff had received training on infection prevention and control (IPC) and had an IPC file to refer to for guidance. However, several staff were observed not to be bare below the elbow wearing wrist jewellery, long sleeves or gel nails in areas where care was delivered which is not in keeping with best practice on IPC as it would inhibit effective hand hygiene. This was discussed with the manager and identified as an area for improvement.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Claire Shaw has been Manager in this home in an acting capacity since 3 February 2025. Planned management arrangements were discussed during the inspection. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance.

In the absence of the manager there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC was clearly identified on the duty rota.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 3* | 0 |

*The total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Claire Shaw, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| 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 16</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection 29 April 2025</p> | <p>The registered person shall ensure that person centred care plans are in place to direct staff in how to support residents. Care plans should be prepared in consultation with the resident or residents representative as to how the residents needs are to be met.</p> <p>Ref: 2.0 and 3.3.3</p> <p>Response by registered person detailing the actions taken: I commenced role as Manager on 6th May since coming into post I have supervised each B5 staff member. During each supervision we looked at each allocated service users care plan, risk assessments and peeps on the encompass system. I can confirm that each service user has an up to date care plan. This is part of my set agenda for supervision on a 4 weekly basis.</p> <p>New service users care plans are developed through MDT working with Social workers NISATS reports, Day Centre's, Community nursing team, OT, Physio, families the service users themselves and the allocated keyworker from our facility.</p> <p>The referral is screened and I have developed an evaluation form for information missing or required. I have a section for an action plan on what needs to be achieved before the care plan is ready to proceed for us to offer a short break.</p> |

| | |
|--|--|
| <p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: Second time</p> <p>To be completed by: From the date of inspection 29 April 2025</p> | <p>The registered person shall ensure that care plans are regularly reviewed and updated to reflect the current needs of the residents.</p> <p>Ref: 2.0 and 3.3.3</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: From the date of inspection 29 April 2025</p> | <p>Response by registered person detailing the actions taken: I have developed an updated pre-admission form to include the review of careplans at each admission. Staff will review the careplan and update on encompass this has been reviewed before each short break. When checking other professionals reports we can only check their review date matches our records. The Team will continue to call family or carere prior to admssion to dicuss the current careplan and add any changes to it if required. This ensures that if any changes have been made we are all aware and the service users needs are being met.</p> <p>The registered person shall ensure that infection prevention and control training is embedded into practice and that staff remain bare below the elbow in areas where care is delivered to allow for effective hand hygiene.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Handwashing aduits ar The staff team are fully compliant with their IPC training. Patient facing staff are bare below the elbow for effective hand hygiene. The dress code policy has been shared with the team.</p> <p>Handwashing audits are completed on a weekly basis.</p> |

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews