Inspection Report

11 & 12 June 2024

Hillhall Home

Type of service: Residential
Address: 11 – 19 Hillhall Gardens, Lisburn, BT27 5DD
Telephone number: 028 9267 9364

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:** Ms Jenny Haller - not registered
Person in charge at the time of inspection: Ms Jenny Haller, manager	**Number of registered places:** 7
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	**Number of residents accommodated in the residential care home on the day of this inspection:** 2
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 7 residents.	

2.0 Inspection summary

An unannounced inspection took place on 11 June 2024, from 10.15am to 5.00pm, and on the 12 June 2024 from 9.30am to 12.00pm, by a care Inspector.

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

Concerns were identified in relation to the home operating outside its Statement of Purpose (SOP), the completion and review of pre-admission assessments and care plans and the sharing of information with the home. Concerns were also identified in relation to care plans being up to date and being able to direct staff to meet the residents identified needs, the completion of monthly monitoring visits and the reporting of notifiable events.

Given these concerns, the management team were invited to attend a serious concerns meeting with RQIA on 21 June 2024. At this meeting, the management team shared an action plan identifying the immediate actions they had taken, and actions they planned to take, to ensure the home was operating within its SOP. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Jenny Haller, manager, at the conclusion of the inspection

4.0 What people told us about the service

One resident spoke of how," The care was good and they were well looked after." Another resident indicated positively through giving the thumbs up.

Staff voiced concerns that the respite service offered by the home had been suspended to accommodate two semi-permanent admissions in the home. Staff also commented on the timeliness of the provision of training prior to the resident's admission.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Four questionnaires from staff were received following the inspection. Staff felt that they were not given sufficient training to meet the needs of residents prior to admission; this left them feeling vulnerable.Staff also commented on the respite service in the home being suspended,

and the impact on the community. These comments were discussed with management of the home at the meeting with RQIA on the 21 June 2024.

No additional feedback was received from residents or relatives following the inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 1 August 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 21 (1) (b) **Stated:** Third time	The registered person shall put a system in place to ensure a checklist is available evidencing all pre-employment are completed, and be available for inspection.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 27 (4) (a) **Stated:** First time	The Registered Person shall implement the Fire Risk Assessment action plan recommendations in accordance with the risk assessor`s listed time frame. Where an action plan item is not completed then the Registered Person should indicate a realistic completion date for the item.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 21 (1) (b) **Stated:** Third time	The registered person shall ensure the training needs for staff for their roles and responsibilities are identified and met. This is stated in relation to sufficient number of staff trained in MAPA on each shift.	**Met**

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 27 (4) (a) **Stated:** First time	The Registered Person shall implement the Fire Risk Assessment action plan recommendations in accordance with the risk assessor`s listed time frame. Where an action plan item is not completed then the Registered Person should indicate a realistic completion date for the item.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

As previously discussed staff spoken with felt that prior to admission they had not received adequate training to assist them in meeting the needs of residents with complex needs, and in the management of associated risks. This was discussed at the meeting with RQIA on the 21 June 2024. An area for improvement was identified.

There was a system in place to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC)

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents.

5.2.2 Care Delivery and Record Keeping

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 met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed.

Pre-admission assessments to enable the manager to assess risks, and plan care in the best interest of residents were not being carried out routinely prior to admission. There was no evidence that an up to date bridging care plan for an identified resident was in place before admission to Hillhall Home. The home had recently moved to the ENCOMPASS electronic record system. Care plans for the management of behaviours that challenge lacked sufficient details to direct staff in how to manage behaviours. Care plans for activities and recreation to provide residents with a fulfilled day lacked personal detail and did not included how associated risks were to be managed whilst ensuring suitable structure and stimulation for the resident. Care plans were not regularly reviewed. The issue of engaging with residents to seek their views on moving to the home and the provision of advocacy services were also not included in the care plan. There was no evidence of multi-disciplinary working to support a discharge plan for one resident. These issues were discussed at the meeting with RQIA on the 21 June 2024, and three new areas for improvement were identified.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The staff locker room required to be decluttered. This was discussed with the manager for her attention

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Hand towel dispensers and paper hand towels were not available in each bedroom. This was discussed with the manager and an area for improvement was identified.

Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Residents

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was evidence of ongoing resident's meetings in the home, which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

Residents' needs were met through a range of individual and group activities, such as group activities, outings and video games

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Jenny Haller has been the acting manager in this home since 9 February 2022.

According to the current SOP, the home is set up to provide respite care and short breaks. Whilst the home is registered to provide Learning Disability care, the accommodation of residents on a semi-permanent/emergency basis is not currently included in its SOP and therefore the home was operating outside its SOP. These issues were discussed at the meeting with RQIA on the 21 June 2024. One area for improvement was identified.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

Review of notifiable events identified that incidents were not notified to RQIA in accordance with regulation. Under legislation the home must be visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of

the running of the home. Individual unannounced visits had not been completed in February, March and April 2024; one summary report was completed for the three months. These issues were discussed with the meeting with RQIA on the 21 June 2024. Two new areas for improvement were identified.

There was a system in place to manage complaints.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)**

	Regulations	Standards
Total number of Areas for Improvement	6	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Jenny Haller, 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	
Area for improvement 1 **Ref:** Regulation 15 **Stated:** First time **To be completed by:** From the date of inspection 21 June 2024	The registered person shall not provide accommodation to the resident unless their needs have been suitably assessed prior to admission. Ref: 5.2.2
	Response by registered person detailing the actions taken: Emergency admission transition pathway has been developed Inspector forwaded a copy of transition pathway.
Area for improvement 2 **Ref:** Regulation 16 **Stated:** First time **To be completed by:**	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. Ref: 5.2.2

From the date of inspection 21 June 2024	**Response by registered person detailing the actions taken**: Robust assessments to include care planning and risk assessments should be provided prior to admission. Care plan for service users requiring emergency admission basis will be reviewed at the point of admission to ensure accuracy through the emergency admission pathway. Care plans will be kept up to date to reflect the service users needs. Regular formal review of emergency placements to be held through MDT meetings bi weekly. Information held with the social work team will be shared with the manager and staff prior to admission. Staff will collate detailed information as outlined in emergency transition pathway. Referral form will be completed within two working days of the emergency admission.
Area for improvement 3 **Ref:** Regulation 16 **Stated:** First time	The registered person shall ensure that care plans are regularly reviewed and updated to reflect the current needs of the residents. Ref: 5.2.2
To be completed by: From the date of inspection 21 June 2024	**Response by registered person detailing the actions taken**: SET went live with encompass in Nov 23. Bespoke development took place by the encompass team to ensure review dates can be added to service users care plans. This is now completed. Yearly reviews take place with review date added to encompass care plan and hard copy in file.
Area for improvement 4 **Ref**: Regulation 10(1) **Stated:** First time	The registered person shall ensure that the home operates at all times in accordance with the Statement of Purpose and within the registration status of the home. Ref: 5.2.5
To be completed by: From the date of inspection 21 June 2024	**Response by registered person detailing the actions taken:** Statement of pupose has been updated to reflect emergency admissions.

	Updated version has been emailed to inspector.
Area for improvement 5 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** From the date of inspection 21 June 2024	The registered person shall ensure that all notifiable incidents and accidents are reported to RQIA in accordance with legislation. Ref: 5.2.5
	Response by registered person detailing the actions taken: Robust recording of all notifiable events will be indexed at the front of the DATIX folder. The registered manager will review this regularly to ensure notifiable events have been reported. Staff meetings and supervision meetings will include updates and guidance to all staff regarding notifiable event reporting to RQIA.
Area for improvement 6 **Ref:** Regulation 29 (3)(4) c **Stated:** First time **To be completed by:** 1 August 2024	The registered person shall ensure that unannounced visits are undertaken to the home each month and a written report of each visit completed Ref: 5.2.5
	Response by registered person detailing the actions taken: Operations manager met with monitoring officer. Going forward one report per month will be recorded and placed in the monthly monitoring file.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 1 September 2024	The registered person shall ensure that staff are appropriately trained to meet the needs of the residents. Ref: 5.2.1
	Response by registered person detailing the actions taken: Assessed need of training will be identified and delivered to the staff team prior to the service users admisson.
Area for improvement 2 Ref: Standard E38	The registered person shall ensure that there are paper towels available in areas where care is provided. Ref: 5.2.3

Stated: First time To be completed by: 1 September 2024	**Response by registered person detailing the actions taken:** Paper towel dispensers have purchased and placed in all areas where a sink is located.

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

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