



Inspection Report

Name of Service: Hillhall Home

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

Date of Inspection: 28 July 2026

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 Lynette Marshall, not registered
Service Profile: Hillhall 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 breaks. 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.	

2.0 Inspection summary

An unannounced inspection took place on 28 July 2026, from 10.00 am to 5.00 pm 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 29 April 2025; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the governance and oversight of the care delivery.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

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

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

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 resident's, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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 described staff as "good fun" and "very nice." Comments included, "The staff are great, I like coming here," and "Yes, it is very good, I like it."

Staff said that they enjoyed working in Hillhall. 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 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. No new staff have commenced post since the last inspection.

A review of records evidenced that inductions for agency staff were not fully completed or robust, for example signatures and dates were missing. In addition to this, some induction paperwork was not available for inspection. An area for improvement was identified.

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

A review of the home's duty rota evidenced that full names of staff were not consistently being recorded, in addition to this, there were gaps noted on the off duty with regards to the hours worked by the support staff in the home. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. 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 met at the beginning of each shift to discuss any changes in the needs of the residents. Detailed shift plans were made available for staff at the commencement of each shift. Staff were knowledgeable of individual residents' 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.

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. Staff were observed offering residents choice in how and where they spent their day

Staff interactions with residents were observed to be warm and friendly, and staff and residents were observed enjoying a joke, one resident said, "We have great banter here."

Short stay admissions were planned in advance. Staff carried out a pre-admission assessment prior to each re-admission.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

Some staff were observed not wearing appropriate PPE, this was discussed with the manager for action and this will be reviewed at a future inspection.

On the day of the inspection both the lunchtime and the tea time meal choices appeared to be similar. The importance of offering a variety of food choices to the residents was discussed with the manager and this was immediately rectified. Meal choices will be reviewed at the next inspection.

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, beauty room, a quiet room and lounge areas where they could watch movies. On the day of inspection, residents were at home enjoying their preferred art activities, other residents were attending their day care placement.

At times, some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff prior to each readmission to the home. Following this assessment, care plans were reviewed and updated to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Some inconsistencies were noted throughout the care records, for example some dates were incorrect and one file reviewed indicated that a resident had a Deprivation of Liberty (DoLS) in place when this was not the case. An area for improvement was identified.

One residents risk assessment had not been reviewed from September 2025, however this manager confirmed that this was in the process of being reviewed if will be updated as needed.

Residents care records were held confidentially.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. Homely touches such as CD's, jigsaws and games were available for residents.

Review of the home's environment identified that some areas needed further attention, for example, two bathrooms needed attention and handrails on the stairs needed to be repainted. An area for improvement was identified.

Shortfalls were also identified concerning the effective management of potential risk to residents' health and wellbeing; specifically, Steradent denture cleaning tablets were located in an open filing cabinet and the domestic cleaning trolley was left unattended. An area for improvement was identified.

Staff had received training on infection prevention and control (IPC) and had an IPC file to refer to for guidance. However, staff were observed not to be bare below the elbow wearing jewellery, long sleeves or nail polish 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 an area for improvement was stated for a second time.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out on a regular basis. However, three fire doors were found to be propped open; an area for improvement was identified. The fire risk assessment was carried out on 15 April 2026, actions on this fire risk assessment were observed to be on hold. The RQIA estates inspector for the home has been notified and is in the process of following this up with the home for action, this will be reviewed at the next inspection.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Ms Lynette Hughes has been the Acting Manager of this home since 6 May 2025. The manager has submitted a registration application with RQIA.

Residents and staff commented positively about the manager.

Review of a sample of records evidenced that although there was a system for reviewing the quality of care, other services and staff practices was in place, this was not robust. For example, environmental issues identified during this inspection had not been identified in the environmental audits and there was no evidence of manager oversight of the induction process. In addition to this, audits carried out by the staff team had not been signed off by the manager. An area for improvement was identified.

The home was visited by the responsible individual in accordance with Regulation 29. Enhancement of the current Regulation 29 reports was discussed with the manager and the responsible individual and will be reviewed at a future inspection.

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	2*	5*

* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Lynette Hughes, 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 13 (7)

Stated: Second time

To be completed by:
28 July 2026

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.

Ref: 3.3.4

Response by registered person detailing the actions taken:

All staff have read and signed the uniform policy and a face to face IPC training has been arranged 9th Septmeber. This is monitored at the start of each shift on handover to ensure compliance. Spot checks on Manager Audit framework.

Area for improvement 2

Ref: Regulation 14 (2) (a)

Stated: First time

To be completed by:
28 July 2026

The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety.

Ref: 3.3.4

Response by registered person detailing the actions taken:

Items highlighted have been moved to a locked cupboard. Washrooms free from products.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)

Area for improvement 1

Ref: Standard 23.1

Stated: First time

To be completed by:
31 July 2026

The registered person shall ensure that all staff receive a structured, robust induction. Records must be signed and maintained to evidence managerial review and oversight.

Ref: 3.3.1

Response by registered person detailing the actions taken:

Manager has communicated with Senior staff to enusre all paperwork has been completed in full and signed off. Manager has a system in place to identify ad hoc agency/bank use and has oversight of induction being completed structured and robust.

Area for improvement 2

Ref: Standard 25.6

Stated: First time

The registered person shall ensure that a record is kept of staff working over a 24-hour period and the capacity in which they worked. The full names of staff must be recorded on the duty rota.

Ref: 3.3.1

To be completed by: 31 July 2026	Response by registered person detailing the actions taken: Manager has been working with support services to provide full and accurate rota of full names and times of shifts. This is now being reflected fully and accurately upon the Short breaks rota. The Manager has oversight of the rota daily and does a weekly audit.
Area for improvement 3 Ref: Standard 8.5 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that all records are accurate, up to date, signed and dated by the person making the entry. Ref: 3.3.3 Response by registered person detailing the actions taken: The Manager has communicated with the team about not leaving items blank in careplans if not applicable. Manager holds Senior supervisions 4 weekly and each Service users documents will be monitored. A Team meeting is scheduled for September and a consistent approach on how we record will be on the agenda along with work shops on recording
Area for improvement 4 Ref: Standard 27 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure as far as reasonably practicable that all parts of the home are kept in a good state of repair and reasonably decorated. Ref: 3.3.4 Response by registered person detailing the actions taken: Works being carried out in 2 shower rooms has completed and action plan in place for areas highlighted to be updated. Quotes being obtained for feature decor in reception and dining area.
Area for improvement 5 Ref: Standard 29 Stated: First time To be completed by: 28 July 2026	The registered person shall ensure that fire doors throughout the home are not propped open. Ref: 3.3.4 Response by registered person detailing the actions taken: Manager has highlighted the importance of this and fire training is 100%. Action plan in place with estates dept/ fire safety to complete assessment for automatic door release facility on the highlighted doors.

Area for improvement 5 Ref: Standard 20.10 Stated: First time To be completed by: 31 July 2026	The registered person shall ensure that working practices are systematically audited to promote the delivery of safe, quality care services. Response by registered person detailing the actions taken: Robust audit framework in place, Manager to sign and date each area upon completion of audit. New systems commenced for holding audits centrally, audit forms have been reviewed and new updated forms commenced. Audits are on the agenda of our next Adult services Managers meeting as an action for a consistent approach through all services.
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