

Unannounced Care Inspection Report

1 February 2017



Loughshore 1

Type of Service: Residential Care Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9072 2060
Inspector: Alice McTavish



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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Loughshore 1 Residential Home took place on 1 February 2017 from 10:15 to 14:30.

The inspection sought to assess progress with any issues raised 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.

One recommendation was made in regard to policies and procedures.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, 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.

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

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 Mrs Agnes Colgan, acting 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Parkcare Homes No2 Ltd	Registered manager: Mrs Agnes Colgan (acting manager)
Person in charge of the home at the time of inspection: Mrs Agnes Colgan	Date manager registered: Registration pending
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The report from the last care inspection
- Notifications of accidents and incidents

During the inspection the inspector met with the acting manager, the operations director, a team leader and the Positive Behaviour Support (PBS) nurse.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Care records of one resident
- Minutes of recent staff meetings
- Audits of accidents and incidents (including falls, outbreaks), care records, fire precautions, staff training, the home's environment
- Equipment maintenance records

- Accident/incident/notifiable events register
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of ten questionnaires were provided for distribution to staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 November 2016

The most recent inspection of the home was an announced 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 16 November 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

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

Review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection. The manager advised that, as a new service, no staff had yet been employed in the home for one year. Annual staff appraisals would be arranged in due course.

The acting manager and staff confirmed that competency and capability assessments were undertaken for any person who was 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. As the staff team expands as more residents are admitted on a phased basis, more staff members will be assessed for competency and capability. The manager also advised that she planned to widen the scope of such assessments. Samples of completed staff competency and capability assessments will be reviewed in more detail during the next care inspection.

Review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. This policy and procedure was unchanged since the last inspection. Discussion with the acting 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.

Discussion with the acting manager identified that enhanced Access NI disclosures were viewed by the company for all staff prior to the commencement of employment and that the manager received written confirmation that all documentation was satisfactory. Personnel records reviewed confirmed that Access NI information was managed in line with best practice.

The acting manager and staff advised that there were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure was generic, designed to cover homes within the same group in other regions of the UK. A recommendation was made that a local policy and procedure is developed in order to reflect the current regional guidance applicable within Northern Ireland.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 acting manager identified that no issues of an adult safeguarding nature had arisen since the home began to admit residents in December 2016. The acting manager confirmed that all suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that extensive work had been undertaken by staff in the home in preparation to receive individuals into Loughshore 1.

A review of policy and procedure on restrictive practice/behaviours which challenge 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 acting manager confirmed there were restrictive practices employed within the home, notably locked internal and external doors and keypad entry systems. Televisions and other electrical equipment were housed within protective units with Perspex screens. The bedrooms of some residents would be fitted with vision panels on doors and with anti-barricade doors, where these were assessed as being the safest and most appropriate measures. Discussion with the acting manager regarding such restrictions confirmed these were appropriately

assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

Inspection of care records confirmed there was close liaison between the PBS nurse, care staff and 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 acting manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The acting manager confirmed there were risk management policy and procedures in place in relation to the home. Discussion with the acting manager and 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 acting manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. This was confirmed through inspection of equipment and of maintenance records.

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. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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 reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. 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's fire risk assessment was examined during the pre-registration premises inspection on 16 November 2016 and was found to be satisfactory.

Review of staff training records confirmed that staff had completed fire safety training. A fire drill was most recently completed on 19 January 2017 with records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly or monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

One area for improvement was identified. This was in relation to the development of a local policy and procedure for adult safeguarding.

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

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

A review of the care records of the only resident accommodated in the home at the time of the inspection 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. multi element behaviour support plans) 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 individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The acting manager advised that care records were shared with the resident and with the resident's representative; as a number of changes had occurred, there had not been opportunity to have the most up to date care records signed. Arrangements were now in place, however, to meet with all relevant parties to have all documentation signed.

Discussion with staff confirmed that they had a firm knowledge of person centred care and that a person centred approach underpinned practice. The Positive Behaviour Support (PBS) nurse and the team leader were able to describe in detail the needs and preferences of the resident accommodated.

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

The acting manager confirmed that there were arrangements 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, catering were completed and evidenced that any actions identified for improvement were incorporated into practice.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included extensive pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. When more residents were admitted, resident meetings would be arranged. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There was evidence that staff were able to communicate effectively with residents, their representatives and other key stakeholders. The resident had contributed to his own communication plan which was used to enhance interactions. The acting manager described how a weekly report, setting out a summary of day care, care in the home and in the resident's time away from the home with family, was prepared and sent to all the professionals involved in the care of the resident.

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 resident. The acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

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 acting 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, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. It was evident that staff had detailed knowledge of the care needs of the resident and they were able to respond immediately to any indication of distress.

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 acting manager confirmed that consent was sought in relation to care and treatment. Discussion with staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and they were able to describe how residents' confidentiality was protected.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

The acting manager advised that, when more residents were admitted, systems would be put 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. Residents would also be consulted with, at least annually, about the quality of care and environment. The findings from the consultation would be collated into a summary report and made available for residents and other interested parties to read. An action plan would be developed and implemented to address any issues identified.

Discussion with staff and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities and that arrangements were in place for residents to maintain links with their friends, families and wider community. When residents went home for overnight stays, staff were on call to assist at home, should this be required.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a staff member was as follows:

- "Individuals are involved in all aspects of their care."

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 acting 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. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

No complaints had been received since the home admitted the first resident in December 2016. Review of complaint records templates confirmed that arrangements were in place to effectively

manage complaints from residents, their representatives or any other interested party. Records of complaints would include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The acting manager confirmed that arrangements would be put in place to share information about complaints and compliments with staff. An audit of complaints would also be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. 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.

Discussion with the acting manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The operations director advised that she was present in the home for several days each week. This formed part of the arrangements to support the manager and staff team in all aspects of the running of the home. The operations director reported directly to the registered provider. In the future, a monthly monitoring visit would be undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report would be 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. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home via the operations director.

The acting 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 and employer's liability insurance certificate were displayed.

The acting 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 acting manager confirmed that staff could also access line management to raise concerns 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 acting 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.

Five completed questionnaires were returned to RQIA from staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

A comment received from a staff member was as follows:

- "I feel well supported within my role."

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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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Agnes Colgan, acting 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 RQIA's office 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 21.1

Stated: First time

To be completed by:
31 March 2017


The registered provider should ensure that a local policy and procedure for adult safeguarding is developed in order to reflect the current regional guidance applicable within Northern Ireland.

Response by registered provider detailing the actions taken:

The policy with regard to Safeguarding has been reviewed and developed to reflect the current regional guidelines applicable to Northern Ireland.

The Regional protocol is displayed in relation to points of contact and additional designated officer contacts.

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Name of registered manager/person completing QIP	Tracey Henry		
Signature of registered manager/person completing QIP	Tracey Henry	Date completed	10/05/2017
Name of registered provider approving QIP	Nicky Cooper		
Signature of registered provider approving QIP		Date approved	10/05/2017 21.6.17
Name of RQIA inspector assessing response			
Signature of RQIA inspector assessing response	Alice McGarvie	Date approved	20.7.17.

Ro1 Sanned
27 July 2017
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