

Unannounced Care Inspection Report 22 August 2017



Loughshore 1

Type of Service: Residential Care Home
Address: 646 Shore Road, Newtownabbey, BT37 0PR
Tel No: 028 9085 5888
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 16 beds that provides care for adults with a learning disability.

3.0 Service details

Organisation/Registered Provider: Parkcare Homes No2 Ltd Responsible Individual: Nicola Cooper	Registered Manager: Yvonne Diamond
Person in charge at the time of inspection: Michelle Montgomery, manager	Date manager registered: 'Acting' No application required
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

An unannounced care inspection took place on 22 August 2017 from 09.50 to 16.45.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, supervision and training, the home's environment, the culture and ethos of the home, governance arrangements and to quality improvement.

Areas requiring improvement were identified. These included care records and the completion of monthly monitoring visits and associated reports.

Residents said that they enjoyed living in the home and that the staff helped them with lots of activities and outings.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Michelle Montgomery, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with three residents, two care staff, the cook, one visiting professional and the manager.

A total of 15 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.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records
- Staff recruitment file
- Care files of four residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks), complaints, environment, safety checks
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 1 August 2017

The most recent inspection of the home was an announced post-registration medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 1 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: First time	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.	Not met
	<p>Action taken as confirmed during the inspection: Discussion with the manager and inspection of documentation submitted to RQIA after the inspection established that a suitable policy for adult safeguarding which reflected the current regional guidance applicable within Northern Ireland had not been developed. The manager advised that the adult safeguarding procedure was in line with local guidance.</p> <p>This is stated for the second time.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The 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 and 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 manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The manager also advised that a separate induction was provided for any agency staff used in the home and for staff on loan from other homes within the organisation.

Discussion with staff confirmed that mandatory training, supervision and appraisal 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 for one year; annual staff appraisals would be arranged in due course.

The manager and staff confirmed that competency and capability assessments were 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 and found to be satisfactory.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. This was unchanged. Discussion with the 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 manager advised that enhanced AccessNI disclosures were viewed by the organisation for all staff prior to the commencement of employment. Personnel records were available on the organisation's electronic system which confirmed that AccessNI information was managed in line with best practice.

The manager described the arrangements in place to monitor the registration status of staff with their professional body (where applicable). The organisation maintained a compliance tracker for staff registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager confirmed that there were plans in place to implement the new adult safeguarding procedures. The policy document was generic and designed to cover care homes within the same group in other regions of the UK. An area for improvement was identified during the last care inspection and was stated for a second time during this care inspection (see section 6.2).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 manager, review of accident and incidents notifications, care records and complaints records confirmed that any 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 manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that extensive preparation was undertaken to ensure that detailed individual care needs assessments and risk assessments were developed prior to admission.

A review of 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 manager confirmed there were restrictive practices employed within the home, notably locked internal and external doors with keypad entry systems. The bedrooms of some residents were fitted with vision panels on doors. Televisions and other electronic equipment were housed within protective units with Perspex screens. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was close liaison between the multi-professional team from the trust, the Positive Behaviour Support (PBS) nurses employed in the home and care staff, when required. Behaviour management plans were regularly updated and reviewed as necessary.

Discussion with the manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the 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. Control of Substances Hazardous to Health (COSHH), fire safety etc. The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure during a previous care inspection 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 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 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 18 October 2016. This was examined during the pre-registration premises inspection in November 2016 and was found to be satisfactory. The manager advised that any recommendations made were either already addressed or were in the process of being addressed.

A review of staff training records confirmed that staff completed fire safety training twice annually and arrangements were in place to ensure that all senior support workers were trained to be fire marshalls. Fire drills were completed monthly and the most recent drill was completed on 18 August 2017. Records were retained of staff who participated and any learning outcomes. In discussion with the manager it was established that all staff attended a fire drill at least annually. There was not currently a method to evidence this. Advice was provided to the manager as to how this could be achieved and easily audited.

A review of fire safety records identified that fire-fighting equipment and fire alarm systems were tested weekly. Emergency lighting and means of escape were checked monthly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the 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 four residents confirmed that these were largely maintained in line with the legislation and standards. Records were stored safely and securely in line with data protection. Care records included an assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. It was noted, however, that the date of admission of residents to the home was not consistently recorded. Action was required to ensure compliance with the regulations in relation to care records.

A review of care plans, hospital passports and Personal Emergency Evacuation Plans (PEEPs) identified that these were not always signed by the resident or their representative, the member of staff responsible for drawing it up and the home manager. Action was required to ensure compliance with the standards in relation to care records. Where hospital passports were completed, these did not always include a photograph of the resident. The manager advised that this would be rectified immediately.

A review of risk assessments (e.g. multi-element behaviour support plans, smoking) identified that these were completed in a high degree of detail. The risk assessments were to be reviewed monthly. It was identified, however, that the risk assessments were not regularly reviewed. Action was required to ensure compliance with the standards in relation to care records.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual preferences of residents and how care needs were met. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The 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 accidents and incidents (including falls) and the home's environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits report.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The manager advised that a new method of recording staff handover information had been devised and this included details of individual resident activities. The manager and staff also confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified. These were in relation to care records.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The 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 residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which contained detailed care plans for the management of pain and distressed reactions.

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

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents 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. Residents were encouraged and supported to actively participate in reviews of their care.

The manager advised that residents are currently consulted with about the quality of care and environment, also that an annual consultation would be undertaken. The findings from this consultation would be collated into a summary report which would be 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 residents, 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 went on an outing to play bowls or to a forest park to walk. A review of the care records identified that each resident had a structured and varied programme of activities in place devised to meet the needs, preferences and interests of individual residents.

Residents spoken with during the inspection made the following comments:

- “I like it here. I like getting out every day. I love going bowling and to the gym. The staff take me to get beauty treatments and that’s great.”
- “I want to stay here. They are good to me, even when I get upset.”

A visiting professional advised the inspector that positive changes had been noted in residents and that the home environment appeared to encourage more settled behaviours.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The 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 to be 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 which was also available in an easy read version. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints would 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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. The manager advised that a Safety, Quality and Compliance meeting was held monthly. This was attended by all of the senior care staff in the home and the catering and maintenance staff. The meeting was used to review all aspects of the running of the home and to share any learning and improvements.

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 manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, falls prevention. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Staff had received training in nutrition and menu planning, record keeping, care planning, dysphagia and communication.

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. It was noted, however, that a number of monitoring visit reports were not present; as the manager had only recently assumed responsibility for the home, she could not comment on whether such visits had been undertaken. Action was required to ensure compliance with the regulations.

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 manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structure of the organisation.

The 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 employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The 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 manager confirmed that staff could also access line management to raise concerns and that management would 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.

Areas of good practice

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.

Areas for improvement

One area of improvement was identified. This related to the completion of monthly monitoring visits and the associated reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Michelle Montgomery, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19.- 1 (a) Schedule 3 Stated: First time To be completed by: 29 September 2017	<p>The registered person shall ensure that the admission date of residents is noted in care records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Admission date included in the care records and all staff advised to ensure this is actioned on admission of new residents. This will be monitored by deputy and manager.</p>
Area for improvement 2 Ref: Regulation 29. – (3) (4) (c) Stated: First time To be completed by: 29 September 2017	<p>The registered person shall ensure that monthly monitoring visits are undertaken and a written report completed.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: All recent monitoring visits have taken place and copies are held on site.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 21.1 Stated: Second time To be completed by: 29 December 2017	<p>The registered person shall ensure that a local policy for adult safeguarding is developed in order to reflect the current regional guidance applicable within Northern Ireland.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: This is currently under review centrally within Priory Adult care.</p>
Area for improvement 2 Ref: Standard 6.3 Stated: First time To be completed by: 30 November 2017	<p>The registered person shall ensure that care plans, hospital passports and Personal Emergency Evacuation Plans (PEEPs) are signed by the resident or their representative, the member of staff responsible for drawing it up and the home manager, where appropriate.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All care plans, risk assessments and PEEPs are signed agreed by residents or their representative. This will be monitored by the deputy manager and manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 29 September 2017</p>	<p>The registered person shall ensure that risk assessments are kept up to date and reflect the current needs of residents.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Risk assessments are currently up to date, this will be monitored through auditing by the deputy manager and manager.</p>
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