

Unannounced Care Inspection Report 19 March 2018



Loughshore 1

Type of Service: Residential Care Home
Address: 646 Shore Road, Newtonabbey, 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 Home No2 Ltd Responsible Individual: Nicola Cooper	Registered Manager: Lorna King
Person in charge at the time of inspection: Donna Hanna – team leader	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 19 March 2018 from 09.30 to 14.35.

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 sought 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 recruitment, training, supervision and appraisal, the home's environment, care records, audits and reviews, the culture and ethos of the home, governance arrangements and maintaining good working relationships.

Two areas requiring improvement were identified. These related to staff induction and to fire safety documentation.

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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Donna Hanna, person in charge, 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 estates inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 January 2018.

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 the cook, who was also trained to deliver care to residents, the administrator and the team leader. No visiting professionals and no residents' representatives were present.

A total of three questionnaires were provided for distribution to residents and/or their representatives. The person in charge was provided with details of how staff could complete and return electronic questionnaires to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file
- Care files of three residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, behaviour support plans, accidents and incidents, environment, catering, safety checks
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Input from independent advocacy services
- 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 24 January 2018

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector.

6.2 Review of areas for improvement from the last care inspection dated 22 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19.- 1 (a) Schedule 3 Stated: First time	The registered person shall ensure that the admission date of residents is noted in care records.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that the admission date of residents was noted.	
Area for improvement 2 Ref: Regulation 19.- (3) (4) (c) Stated: First time	The registered person shall ensure that monthly monitoring visits are undertaken and a written report completed.	Met
	Action taken as confirmed during the inspection: Inspection of monthly monitoring visit reports confirmed that such visits are undertaken and a written report completed.	

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: Second time	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.	Met
	Action taken as confirmed during the inspection: A review of the policy and procedure for adult safeguarding confirmed that this reflected the current regional guidance applicable within Northern Ireland.	
Area for improvement 2 Ref: Standard 6.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of documentation confirmed that care plans, hospital passports and Personal Emergency Evacuation Plans (PEEPs) were appropriately signed.	
Area for improvement 3 Ref: Standard 6.6 Stated: First time	The registered person shall ensure that risk assessments are kept up to date and reflect the current needs of residents.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that risk assessments were kept up to date and reflected the current needs of residents.	

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 person in charge advised that the staffing levels for the home 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.

A review of completed induction records and discussion with the person in charge and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The induction record of one member of staff was found to be incomplete. Action was required to ensure compliance with the standards in relation to staff induction.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge advised 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.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the person in charge and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the company for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

The person in charge advised that there were arrangements in place to monitor the registration status of staff with their professional body (where applicable). The manager completed monthly checks and staff were reminded of the importance of maintaining registration during staff meetings.

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.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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 person in charge, review of accident and incidents notifications and care records confirmed that all 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 person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous 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 person in charge 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 the doors. Televisions and other electronic entertainment equipment were housed within protective units with Perspex screens. Discussion with the person in charge 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 Positive Behaviour Support (PBS) staff employed in the home, care staff and the multi-professional team from the trust. Behaviour management plans were regularly updated and reviewed as necessary. Discussion with the person in charge and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons/bodies were informed.

The person in charge confirmed there were risk management policy and procedures in place in relation to safety in the home. Discussion with the person in charge 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 person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

A 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.

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 person in charge 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 had an up to date fire risk assessment in place dated 26 October 2017. It was noted that a number of recommendations were not signed and dated as having been appropriately addressed. Action was required to ensure compliance with the standards in relation to fire safety.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly, most recently on 5 February 2018. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and fire-fighting equipment was checked weekly. Emergency lighting was checked monthly and means of escape were checked quarterly. All equipment and systems were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

A member of staff spoken with during the inspection made the following comments:

- “A lot of preparation work takes place planning for the transition of residents from (hospital). Care staff spend a lot of time at (hospital) working with the staff there, establishing resident preferences and choices for routines, activities, care tasks and food. All dietary requirements are communicated to staff in the home in advance of admission.”

Three completed questionnaires were returned to RQIA from residents. No questionnaires were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received were as follows:

- “I love Loughshore. I am very happy.”
- “I really enjoy Loughshore and I love it. I have so much freedom.”

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection. These related to staff induction and to fire risk assessment recommendations being signed and dated when they are completed.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. A review of the care records of all three residents accommodated 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. 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 the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The person in charge 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 reviews, behaviour support plans, accidents and incidents, environment, catering, safety checks 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 reports.

The person in charge 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, residents' meetings, staff meetings and staff shift handovers. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

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

Three completed questionnaires were returned to RQIA from residents. No questionnaires were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 person in charge 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 residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Care records contained detailed information on how pain, anxiety or distressed reactions were to be managed.

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. There were easy read versions of documents available, for example, the residents guide. There was evidence that residents were actively involved in devising their own support plans and in setting goals.

The person in charge and staff advised that residents were listened to, valued and communicated with in an appropriate manner. They also advised that consent was sought in relation to care and treatment. Discussion with 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 and were able to demonstrate how residents' confidentiality was protected.

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. For example, there were residents' meetings, residents contributed to their personal activity planner and they were encouraged and supported to participate in the annual reviews of their care.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Three completed questionnaires were returned to RQIA from residents. No questionnaires were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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 person in charge 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.

A 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.

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 person in charge confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, there was bespoke training provided and a staff workshop in order to meet the needs of individual residents.

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.

There was also a monthly service governance meeting which was attended by management, PBS, domestic, maintenance and care staff; the meeting covered all aspects of the running of the home and of the care provided to residents.

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 person in charge advised that the registered provider was kept informed regarding the day to day running of the home through the line management structures.

The person in charge 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.

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

A review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered 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 person in charge 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.

Three completed questionnaires were returned to RQIA from residents. No questionnaires were returned by staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Donna Hanna, person in charge, 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 23.6 Stated: First time To be completed by: 18 May 2018	The registered person shall ensure that the records of induction for all staff are completed in full. Ref: 6.4 Response by registered person detailing the actions taken: All inductions for existing staff have now been completed and will continue to be done within the specified company time frame for new starters.
Area for improvement 2 Ref: Standard 28.5 Stated: First time To be completed by: 18 May 2018	The registered person shall ensure that fire risk assessment recommendations are signed and dated when they are completed. Ref: 6.4 Response by registered person detailing the actions taken: Following discussions and review of records with maintenance and management these will be signed and dated when actioned.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews