

Unannounced Care Inspection Report 27 February 2018



Strand House - Bohill Bungalows

Type of Service: Residential Care Home
Address: 69 Cloyfin Road, Coleraine, BT52 2NY
Tel No: 028 7032 5180
Inspector: John McAuley

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 six beds that provides care for residents with categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Parkcare home no. 2 Ltd Responsible Individual(s): Nicola Cooper	Registered Manager: Lorna King
Person in charge at the time of inspection: Hester Dean, Senior Care Assistant then joined later by Lorna King	Date manager registered: 17 January 2017
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 6

4.0 Inspection summary

An unannounced care inspection took place on 27 February 2018 from 10:00 to 13:00 hours.

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 the home's environment, adult safeguarding, infection prevention and control and care records. Good practice was also found in relation to audits and reviews, communication between residents, staff and other key stakeholders, governance, quality improvement and maintaining good working relationships.

No areas requiring improvement were identified during this inspection.

Feedback from residents as well as general observations of care practices was all positive.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lorna King, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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 care inspection on 18 July 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 four residents, four staff and the registered manager.

A total of 10 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- A sample of competency and capability assessment
- Staff training schedule/records
- Three residents' care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, complaints and the environment
- Infection control register/associated 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.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

The one area of improvement identified at the last care inspection was 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 25 January 2018

The most recent inspection of the home was an unannounced medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 18 July 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 29.1 Stated: First time	The registered person shall up-date the home's fire safety risk assessment by the appropriate qualified professional. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that this assessment had been done and that confirmation of details of this would be sent to the inspector via email.	

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 senior care assistant 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.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

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

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

The registered 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. A sample of a completed staff competency and capability assessments was inspected and found to satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager confirmed that no new staff have been recruited to the home for some period of time and staffing remains very stable.

Enhanced AccessNI disclosures were confirmed by the registered manager to be in place for all staff prior to the commencement of employment.

Inspection of the arrangements in place to monitor the registration status of staff with their professional body found this to be appropriately maintained. Discussions with staff on duty confirmed their understanding of their responsibilities with registration with the Northern Ireland Social Care Council (NISCC).

The home's adult safeguarding policy and procedure was consistent with the current regional guidance and 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.

Discussion with staff confirmed that they were aware of the 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager and inspection of three residents' care records confirmed there were risk management procedures in place relating to the safety of individual residents.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. The registered manager and senior care assistant explained the steps the home was taking in the admission process for a new resident. This included visits by the perspective resident to the home and multi-disciplinary meetings in respect of assessed needs of the perspective resident. This is good practice.

The registered manager confirmed there were restrictive practices employed within the home, notably a keypad locking mechanism to the doors and bedrails for one resident. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

The home's infection prevention and control (IPC) policy and procedure 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's 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. The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items.

Inspection of the internal identified that the home was 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.

The home had an up to date fire risk assessment and there was reported to be no recommendations made from this assessment. The registered manager agreed to send confirmation of the date of this assessment via email as the report of this had yet to be issued.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staffing, adult safeguarding, infection prevention and control, risk assessments, and the home's environment.

Areas for improvement

No areas for improvement were identified in respect of this domain 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 registered manager and the senior care assistant established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of the three residents' care records was undertaken. This 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/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual handling, bedrails, nutrition and falls were inspected 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 inspected were observed to be signed by the resident.

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced from staff knowledge and understanding of individual residents' needs and in particular their communication needs.

Records were stored safely and securely in line with data protection.

The registered 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. Further evidence of this was contained in the monthly monitoring visit reports.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included multi-professional team reviews, residents' representatives meetings, staff meetings and staff shift handovers. Staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents. Such communication was done on an individualised basis and detailed in aligned care records. Staff confirmed that they had received training and support in dealing with residents' communication needs.

An inspection 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.

Areas of good practice

There were examples of good practice found throughout this 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 in relation to this domain.

	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 inspector met four residents in the home the time of this inspection. In accordance with their capabilities residents confirmed that they were comfortable, content and at ease with staff and their environment. Some of the comments made included statements such as:

- “It’s a 100% here. I just love it and the staff are all very kind”
- “The staff are all brilliant. I have no complaints”

One resident was having a rest in bed. The senior care assistant informed that this was part of this resident’s assessed needs.

The registered 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 were in place which supported the delivery of compassionate care.

Discussion with staff confirmed that residents’ spiritual and cultural needs. These needs were also clearly identified from the sample of care records inspected.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, in that care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

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 registered manager confirmed that consent was sought in relation to care and treatment. Discussion 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. This was evident in how staff interacted and when sharing of sensitive information was done with discretion and privacy to all.

The registered manager and staff and observation of care practices confirmed that residents were listened to, valued and communicated with in an appropriate manner. For example residents expressed excitement at being involved the choice of name for their pet rabbit, which was being decided later.

Observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example when one resident became slightly anxious at the noise of a fire alarm being tested a member of care staff was quick to recognise this and give supportive reassurance to good effect.

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. These included care review meetings, residents' representatives meetings and day to day contact with management.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were engaged in pastimes of choice such as crafts and artwork, whilst a nicely homely relaxed atmosphere was in place. Samples of artwork and crafts were displayed with two residents clearly showing pride with their own achievement and contribution to a framed pictures and a coloured table cloth.

Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident explained about her trips out to church and to local restaurants and how she enjoyed these.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and 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 in relation to this domain.

	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 registered manager confirmed that 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 and displayed information on how to complain. The registered manager reported that there have not been any expressions of complaint received for some considerable time. An inspection of this record confirmed that such expressions of dissatisfaction are taken seriously and are managed appropriately.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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. The inspection of these records together with discussion with the registered manager and staff confirmed that such incidents have reduced significantly. The registered manager and staff reported that they felt this was due to the staff having good knowledge and understanding of residents' needs and being vigilant to act on any trigger factors that would lead to distressed behaviours. This is good 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 registered 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, such as communication with residents, epilepsy and responding to behaviours.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

At the time of this inspection, there was a quality inspection being done by a quality assurance professional within the organisation from England. Findings of this will form a report with a corresponding action plan. This is good practice.

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. The last two monitoring reports were inspected and found to be recorded in informative detail with good evidence of governance.

Discussion with the registered manager identified that she had good understanding of his roles and responsibilities under the legislation and standards.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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. Staff informed the inspector that they would have no hesitation in reporting concerns and felt that they would be appropriately supported. Staff informed that they felt a good standard of care was provided for and that they had the necessary resources and support in place to do so. Staff also 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

No areas for improvement were identified during the inspection in relation to this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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