

Unannounced Post-Registration Care Inspection Report 3 January 2018



Trinity House

Type of Service: Residential Care Home
Address: 15 Kilrea Road, Coleraine, BT51 5LP
Tel No: 028 2954 8128
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 provider 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 50 beds that provides care for residents as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual(s): Linda Wray	Registered Manager: Hazel Walker
Person in charge at the time of inspection: Hazel Walker	Date manager registered: Application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 50

4.0 Inspection summary

An unannounced inspection took place on 3 January 2018 from 09:30 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 was 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 staffing, adult safeguarding, maintenance of care records and the home's environment. Evidence of good practice was also found in relation to the governance arrangements, management of accidents and incidents and maintenance of good working relationships.

No areas of improvement were identified during this inspection.

Feedback from residents, as was general observations of care practices, was all positive throughout this inspection in relation to the provision of care, the kindness and support received from staff, the environment, the provision of meals and the provision of activities.

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 Hazel Walker, 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 pre-registration inspection

No further actions were required to be taken following the most recent inspection on 13 October 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, notifiable events and written and verbal communication received from the home.

During the inspection the inspector met with 20 residents, seven staff of various grades on duty and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Sample of competency and capability assessment
- Five residents' care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events records and audits
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Input from independent advocacy services
- Programme of activities
- Policies and procedures manual with samples of policies and procedures inspected

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 13 October 2017

The most recent inspection of the home was an announced pre-registration care and premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 13 October 2017

There were no areas for improvement made as a result of the last care inspection.

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 registered 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.

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

Discussion with the registered manager and a recently appointed staff member evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A newly appointed staff member discussed how the staff team were supportive and encouraging of her new role.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained.

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.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered 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.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Discussions with care staff confirmed their knowledge and understanding of their responsibilities of registration.

Inspection of the home's adult safeguarding policy and procedure confirmed it 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 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. The registered manager 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 that 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 identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

At the time of this inspection no obvious restrictive practices were observed.

Discussion with the registered manager and inspection of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. For example the home had a detailed policy and procedure in respect of smoking which was in accordance with current safety guidance.

Inspection of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff had received training in IPC in line with their roles and responsibilities. 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.

There had been no outbreaks of infection. 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.

The home was clean and tidy with a good standard of décor and furnishings in place. Residents' facilities were comfortable, spacious and accessible to avail of. Bedrooms were found to be personalised with photographs, memorabilia and personal items.

Inspection of 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.

The home had an up to date fire risk assessment in place and all recommendations had been addressed.

Inspection of fire safety records confirmed that staff had completed fire safety training and fire safety drills on an up-to-date basis. 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 and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection in respect of this domain.

	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.

Discussions with the registered manager and deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of five residents’ care records was undertaken. 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 such as nutrition, manual handling and falls were reviewed and updated on a regular basis or as changes occurred.

Inspection of residents’ progress records confirmed that issues of assessed need had a recorded statement of care/treatment given with effect(s) of same.

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 and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflective on their knowledge and understanding of residents' individual needs and prescribed care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

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

Arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

Staff confirmed that management operated an open door policy in regard to communication within the home. Staff also made comments that managements had a "hands on" approach which they were very positive about.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

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.

Arrangements were in place, in line with the legislation, to support and advocate for residents. One resident detailed how they had met with an advocate and found this forum to be very beneficial.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the maintenance of care records and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection in respect of 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.

Staff confirmed how there was 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 residents and staff confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

Action was taken to manage any pain and discomfort in a timely and appropriate manner. Issues of assessed need such as pain had a recorded statement of care/treatment given with effect(s) of same. A care plan was also in place for issues on the management of pain with prescribed care intervention.

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. For example residents confirmed that they knew how to raise a concern or a complaint and felt that if such were to arise this would be taken seriously and managed appropriately.

The registered manager, residents and/or their representatives 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 interactions with residents were found to be polite, friendly and warm. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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.

The inspector met with 20 residents at the time of this inspection. All spoke in complimentary terms about the provision of care, the kindness and support received from staff, the environment, the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "All the staff are so wonderfully kind. It's just so amazing"
- "The meals are absolutely lovely. You can get a choice and there is always freshly cooked produce"
- "I love it here. It's a great home"
- "This is a wonderful environment. Just so well thought out and with all your comforts. I am really glad I came here"

Observations of care practices confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. For example, call assistance bells were answered promptly and when a resident was sitting in an uncomfortable position a staff member duly attended to this.

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

A daily menu was in display with choice of meals. The dining room(s) were nicely appointed with choice of condiments and suitable ambient atmosphere.

Discussion with residents, staff observations of care practices 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 enjoying the company of one another or

watching television/reading or resting in their bedroom. A small group of residents were partaking in a planned activity in one of the lounge. Arrangements were in place for residents to maintain links with their friends, families and wider community. An example of this included residents' participation in a local church service and associated activities.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from residents and general observations of care practices.

Areas for improvement

No areas for improvement were identified during the inspection in respect of 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 outlined the management arrangements and governance systems in place within the home. It was also 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.

An inspection of the home's statement of purpose and residents' guide found these to be maintained on an up-to-date basis.

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 had been systematically reviewed on an up-to-date basis.

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, information on same displayed and residents' meetings.

Inspection 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 was used to identify trends and to enhance service provision. No expressions of dissatisfaction had been received.

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 inspected as part of the inspection process.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

Discussion with the registered manager and deputy 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 planned training in dementia, continence and skin care.

The inspector met with seven members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the provision of care, morale, teamwork, managerial support and provision of training.

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.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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.

Discussion with the registered manager identified that she had good understanding of her role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration was 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 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 this inspection in relation to the governance arrangements, management of accidents and incidents and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in respect of 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.



The **Regulation** and
Quality Improvement
Authority

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](https://twitter.com/RQIANews)