

Unannounced Care Inspection Report

13 June 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 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 registered to provide care and accommodation for 50 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Linda Wray	Registered Manager: Jayne Bellingham
Person in charge at the time of inspection: Jayne Bellingham	Date manager registered: 10 April 2018
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 50 which includes 34 RC-I and 16 RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 13 June 2018 from 09.50 to 14.00.

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 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 adult safeguarding, falls prevention, management of care records, audits and reviews, communication between residents, staff and other interested parties and management of complaints and incidents. Good practice was also found in relation to governance, quality improvement, risk management and the environment.

Two areas requiring improvement were identified. These were in relation to devising and putting in place a checklist on staff recruitment and reviewing the details of an assessed need recorded in the progress records for an identified resident.

Feedback from residents throughout this inspection was all positive in respect of their life in the home, the kindness and support received from staff, the provision of meals, activities and events and the general atmosphere in the home.

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 Jayne Bellingham, registered 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 inspection

Other than the one action detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 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 registered manager, 20 residents and seven members of staff of various grades.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. 15 questionnaires were returned by six residents' representatives and nine staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Four residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.

- Individual written agreements
- Input from independent advocacy services
- Programme of activities
- Policies and procedures

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 14 March 2018

The most recent inspection of the home was an announced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 January 2018

There were no areas for improvements 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 advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary or agency staff were not used in the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

An inspection of two completed induction records and discussion with the registered manager and 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. Schedules and records of training, supervision and appraisals were inspected during the inspection.

Discussion with 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. A staff competency and capability assessment was inspected and found to be satisfactory.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. The registered manager advised 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 registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. An area of improvement was identified in accordance with standards for a checklist to be devised and put in place at home level from the personnel department confirming that individual members of staff are recruited in accordance with Schedule 2 of the legislation and confirmation details of AccessNI enhanced disclosure.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The registered manager was planning to complete training in the role of the safeguarding champion. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had also an awareness of child protection issues. 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 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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. An inspection of care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager also completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs. This pre-admission assessment was discussed and confirmed good evidence of the registered manager's governance with this aspect of care.

The registered manager advised that the only restrictive practice within the home was the use of a keypad. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. This restrictive practice was described in the Statement of Purpose and Residents' Guide.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The registered manager reported that the one outbreak of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been 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 individualised with photographs, memorabilia and personal items. Communal areas were comfortable and nicely furnished and presented. Areas throughout the home had nice artwork which added a pleasant feel to the home.

The grounds of the home were very well maintained.

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. No malodours were detected in the home.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety, hot surfaces and smoking etc. The one resident who smoked had an up-to-date risk assessment in place which was reviewed on a weekly basis. This is good practice.

The registered manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on a monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance. Falls prevention awareness training had been put in place for staff and residents on 22 February 2018. This is good practice.

The home had an up to date Legionella risk assessment in place dated 10 November 2017. Recommendations made from this assessment had corresponding evidence recorded that this had been addressed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A recorded system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The registered manager reported that there was no lifting equipment used in the home.

The home had an up to date fire risk assessment in place dated 10 October 2017 and all recommendations had been actioned.

Inspection of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records inspected confirmed these were up to date. The records also included the 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 (PEEP) in place.

16 completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, falls prevention, risk management and the environment.

Areas for improvement

One area of improvement was identified. This was in relation to devising and putting in place a recruitment checklist confirming adherence to Schedule 2 of the legislation.

	Regulations	Standards
Total number of areas for improvement	0	1

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection.

An inspection of four 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 (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

One issue of improvement was identified within the progress records of an identified resident. This resident had an assessed need of cognitive impairment with associated feelings of frustration and consequent distressed reactions. However the associated progress records gave insufficient detail and account of this need.

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. Care records were maintained in an organised, methodical manner with good access to information.

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

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff could readily identify residents' individual social care needs and preferences and how these were facilitated.

A varied and nutritious diet was provided which meets the individual and recorded dietary needs of residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded appropriately. There were arrangements in place to refer residents to dieticians and speech and language therapists (SALT) as required. Observations of the supervision and assistance provided to residents by staff with at the lunch time meal found that this was undertaken in an unhurried, organised manner with a nice ambience in place for residents to enjoy their meal.

Staff advised that they were able to recognise and respond to pressure area damage in relation to the skin and would refer to the appropriate member of the multi-professional team as necessary.

The registered manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of visits by the registered provider.

The registered manager advised 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.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff interactions with residents were observed to be polite, friendly, warm and supportive.

Discussion with the staff confirmed that management operated an open door policy in regard to communication within the home.

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.

16 completed questionnaires were returned to RQIA from residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

One area of improvement was identified. This was in relation to recording details of an assessed need pertaining to an identified resident.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised 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.

The registered manager and residents advised that consent was sought in relation to care and treatment. For example, written consent was obtained for any photographs used for care record identification and social activities.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents’ rights; independence, dignity and confidentiality were protected. For example, staff spoke about being able to talk and give time to residents and how this helped form good relationships.

Discussion with 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. This was further evidenced by the inspection of care records, for example, care plans were in place for the management of pain, falls, infection, nutrition, where appropriate.

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. An example

of this was a notice board in the reception of the home which contained added information for both residents and their representatives.

Discussion with staff, residents and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. Systems of communication included care review meetings, residents' meetings, a suggestion box, visits by the registered provider and day to day contact with management.

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. At the time of this inspection groups of residents were engage in planned activities, others were enjoying the company of one another or watching television, reading or relaxing. The inspector met with the activities co-ordinator who spoke with enthusiasm and positivity on her role and how this was being fulfilled.

Arrangements clearly were in place for residents to maintain links with their friends, families and wider community.

The inspector met with 20 residents at the time of this inspection. All confirmed that they were happy with their life in the home, their relationship with staff, activities and the provision of meals. Some of the comments made included statements such as;

- "This is a wonderful place. Everyone is lovely and all work hard to keep things right."
- "I love it here. It is my home."
- "The staff are brilliant. You wouldn't fault a thing here. I am lucky to be here."
- "The food is lovely. A great choice and always well presented"
- "Absolutely no complaints. I don't know how you could do so as it is brilliant here."
- "There is always plenty going on and I enjoy the activities."
- "We all get on great here. One big happy family."
- "Things are working out great here. This is the next best thing to being at home."
- "The staff are wonderful."

16 completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and 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 in respect of this domain 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 registered manager outlined the management arrangements and governance systems in place within the home and stated 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.

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 Resident's Guide and information on display in the home. Discussion with the registered manager confirmed she was knowledgeable about how to respond to complaints.

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 learning from complaints with staff.

RQIA's complaint poster was available and displayed in the home.

The home retained compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of these 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

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.

A visit by the registered provider 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, RQIA and any other interested parties to

read. The reports of 27 March 2018, 13 April 2018 and 25 May 2108 were inspected. These reports contained good evidence of governance and quality improvement. The reports also had an action plan developed to address any issues identified which include timescales and person responsible for completing the action.

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 understanding of her role and responsibilities under the legislation.

The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

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

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Staff spoken with during the inspection made the following comments:

- "Management is great. Very supportive."
- "It is a great home to work for. I have no difficulty recommending this home to anyone."
- "Everything is so well done and organised. The resident comes first."

16 completed questionnaires were returned to RQIA from residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied and 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 in respect of this domain 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 Jayne Bellingham, registered 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 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

<p>Area for improvement 1</p> <p>Ref: Standard 19.2</p> <p>Stated: First time</p> <p>To be completed by: 13 August 2018</p>	<p>The registered person shall devise and put in place a checklist to confirm that individual staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and confirmation details of Access NI disclosure.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A checklist is completed in our Personnel Dept based at Assembly Buildings and this is forwarded to the Home. The Home Manager sees and signs that NISCC registration is in place and the Checklist is placed in individual staff files and in a Managers recruitment file. On the day of inspection the checklist was not found in individual staff files and the Home Manager has now rectified this.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 20 June 2018</p>	<p>The registered person shall ensure that a review is made of how details of an assessed need pertaining to an identified resident with cognitive impairment are recorded in the progress records.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff were given feedback on this at a staff meeting and given advice to improve record keeping. Staff were asked to record accurately resident wellbeing. The keyworker and Senior Care allocated to the particular file were asked to review it and ensure standards are clear. In addition the Home Manager will randomly review all files regularly.</p>



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