



Unannounced Care Inspection Report 12 November 2019



Enterprise Court

Type of Service: Residential Care Home
Address: 10 Enterprise Court, Bangor BT19 7TU
Tel no: 028 9181 0003
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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to seven residents. The residents who live here were to move to a supported living service in early December 2019.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group / Challenge Responsible Individual: Andrew James Mayhew	Registered Manager and date registered: Nikki McMullan 21 October 2019
Person in charge at the time of inspection: Nikki McMullan	Number of registered places: 7
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced inspection took place on 12 November 2019 from 09.55 to 12.15 hours.

The focus of this inspection was to determine if the home was delivering safe, effective and compassionate care and if the residents were well prepared for the planned transition from a residential care to a supported living service.

Evidence of good practice was found in relation to staffing, staff induction, training, supervision and appraisal, the home's environment and to the preparations made to support and assist residents in the forthcoming change of living arrangements.

No areas requiring improvement were identified.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' 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 Nikki McMullan, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 29 March 2019

The most recent inspection of the home was an announced pre-registration care inspection undertaken on 29 March 2019. No further actions were required to be taken following the inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included notifications of accidents and incidents, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned to RQIA.

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

- staff training schedule and training records
- three residents' records of care
- complaint records
- governance audits/records
- accident/incident records from September to November 2019
- reports of visits by the registered provider from August to October 2019
- RQIA registration certificate

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 last care inspection dated 29 March 2019

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

6.2 Inspection findings

6.3 Is care safe?

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

The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing

We could see that all staff who were to be on duty were present and were carrying out their duties. We spoke with a member of staff who told us that the staffing arrangements in the home were very good; there was always enough staff on duty to meet the needs of the residents and to provide residents with outings and activities.

Staff induction, supervision and appraisal

We spoke with staff who told us that they had a good induction to working in the home and that they got supervision on a regular basis. The manager advised that staff induction had been reviewed and additional elements had been included, for example, mental health first aid, positive behaviour support, suicide awareness and recovery.

We saw that the manager had a system in place for planning supervisions and annual appraisals with staff; supervisions were provided on alternative months and the frequency of supervision exceeded the Standards. This was good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to recognised standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that there was a system in place to make sure these were kept up to date.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean, warm and tidy. The communal and private areas were comfortable and well furnished. All fire exits were free from obstruction.

Restrictions

The manager told us that residents living in Enterprise Court enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this. Each resident had an individual risk assessment which fully described any necessary restrictions. This was agreed with the resident, their relatives, the trust key workers and the staff team and was reviewed regularly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff induction, training, supervision and appraisal and the home's environment.

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

The manager described how staff were very familiar with the care needs of each residents and how residents were being assisted by staff to prepare for the transition to the supported living service, where they would be able to live more independent lives. It was acknowledged that this process would not be without some degree of risk, but staff had worked closely with residents, their relatives and trust staff to ensure that the move would cause as little disruption as possible. Staff were fully prepared for residents to be able to take some positive risks in order that they could be more independent, learn and grow from the challenges presented to them.

Care records

We looked at the care records for some residents and saw that these were person centred and reflected the individual needs, choices and preferences of each resident. We saw that residents were afforded a high degree of support to engage in a range of activities and that they were in the process of preparing for a move to the supported living service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and 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

6.5 Is care compassionate?

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

The manager and staff described how the residents had been fully involved in making decisions about their new living arrangements. Each resident was given a choice of kitchen, carpets and flooring, colour schemes and furniture in their new flats.

Residents had visited the new facility and were both excited and slightly nervous at the prospect of living a more independent life. Staff described how they provided reassurance to allay any fears. Staff advised that management had been available to answer any questions from residents and their relatives and families were to visit the new facility later this week. Staff were also in the process of amending care records to reflect the supported living model of care.

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 their relatives 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

6.6 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.

Staff in the home said that they got good support from the management team who were supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The management team completed managerial tasks to make sure they were satisfied that the home ran well. Audits were completed of areas such as residents' monies and medications and looked for any ways in which these areas could be improved. The management team made sure that staff were properly supported to do their jobs through providing regular supervision, appraisal and training.

Complaints and Compliments

The management team dealt with any complaints raised by residents or their family members. We looked at the records of complaints saw that any complaints were managed appropriately. The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning.

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in administration of emergency epilepsy medications, recording skills, confidentiality, complaints and Deprivation of Liberties Safeguards (DoLS).

Visits by the registered provider

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in August, September and October 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents 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

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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