Unannounced Care Inspection Report
26 and 27 October 2020

Leonard Cheshire ARBI

Type of Service: Residential Care Home (RCH)
Address: 126 Upper Knockbreda Road, Belfast BT6 9QB
Tel no: 07935316893
Inspectors: Marie-Claire Quinn and Paul Nixon

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 residential care home registered to provide care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Leonard Cheshire Disability **Responsible Individual:** Fiona McCabe	**Registered Manager and date registered:** Caroline Yeomans 27 December 2019
Person in charge at the time of inspection: Caroline Yeomans	**Number of registered places:** 14
Categories of care: Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. D – Past or present drug dependence. A – Past or present alcohol dependence.	**Number of residents accommodated in the residential home on the day of this inspection:** 12

4.0 Inspection summary

This unannounced care inspection took place on 26 October 2020 from 10.40 to 17.30 hours. An announced medicines management inspection took place on 27 October 2020 from 09.40 to 12.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

RQIA received information which raised concerns in relation to staffing and management and governance arrangements in the home. In response to this information, RQIA asked the responsible individual to conduct a formal investigation and submit a written report to RQIA. In addition, RQIA decided to undertake an inspection. The whistle blowing concerns were not substantiated.

It is not the remit of RQIA to investigate whistleblowing concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- staffing
- care delivery
- administration of medicines
- catering arrangements
- recording of care
- the home's environment
- management and governance arrangements.

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	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Caroline Yeomans, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report.

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.

A poster was displayed in the home advising that an inspection was being conducted. A number of questionnaires and 'Tell Us' cards were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

The following records were examined during the inspection:

- staff rota from 19 October 2020 to 14 November 2020
- a sample of staff recruitment and training records
- care records for four residents
- a sample of governance records including accidents and incidents, complaints, minutes of staff meetings and audits
- a sample of medicine records
- a sample of care plans related to medicines management
- medicines management governance and audit records
- medicines management staff training and competency records
- medicine storage temperatures.

The most recent inspection of the home was an announced pre-registration care and premises inspection undertaken on 18 December 2019.

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

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 previous inspection(s)

The most recent inspection of the home was an announced pre-registration care and premises inspection undertaken on 18 December 2019.

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

6.2 Inspection findings

6.2.1 Staffing

No concerns were raised by residents regarding staffing levels in the home. Staff were visible and attentive to residents, providing support in a timely and friendly way.

Discussion with staff and review of governance records confirmed that during the summer, some staff worked overtime, to cover leave or changes in resident's needs. Staff confirmed that overtime was optional. Management outlined recent and ongoing recruitment in the home, to further increase bank staff availability. The home were also reviewing how to safely utilise their pool of volunteers, during the COVID-19 restrictions.

The duty rota reflected planned staffing levels as advised by management. An area for improvement was made to ensure that the rota includes staff's full names, the hours worked by the manager and clinical staff, and that the rota was signed and dated by the manager when changes made.

There were robust systems in place regarding staff recruitment, induction, training, supervision and support. Medicines management competency had been assessed following induction. Refresher medicines management training and competency reviews were planned to be completed during November 2020. Records of staff training in relation to medicines management were available for inspection.

We discussed staff's recent difficulties accessing the Northern Ireland Social Care Council (NISCC) registration portal and we signposted the manager to additional information regarding this.

6.2.2 Care delivery

There was a relaxed, homely and friendly atmosphere throughout the inspection. We saw residents being treated with dignity and respect by staff who offered resident's choice, gentle encouragement and support with tasks.

The home was tastefully decorated for Halloween and residents told us they were looking forward to the Halloween party at the weekend. Residents were mostly positive about their experiences living in the home:

- "It's magic. Couldn't be better. I couldn't think of anything to complain about.!"
- "I can talk to Julie (staff) if I'm down. I know I'm here to try and get better. I like art; I've made an ashtray and a truck."

We spoke with one resident who was very unhappy about living in the home. Management were aware of this issue and agreed to discuss further with the resident and their care manager, to seek a resolution.

Discussion with residents and staff and review of care documentation, confirmed that household tasks, such as cooking and cleaning, are a core therapeutic intervention for residents. The home operates within a rehabilitation and recovery model of social care; residents are supported to develop and maintain life skills and this requires an active participation in activities of daily living. This varied depending on resident's needs, preferences and abilities. Staff told us:

- "It's brilliant, I love it. It's a bespoke service; you really see residents improving which is great."
- "All staff have risen to the challenge (during COVID-19) but we're eager for the service to develop in line with our rehabilitation purpose and community integration."
- "It's a different way of working, 100% love it. The minute I got here I felt like part of the team."
- "I love the job but it has been extremely challenging due to COVID-19 and the frustration with activities and outings. We try to ensure residents don't get bored."

Staff and residents were cleaning throughout the inspection. One resident had previously worked as a cleaner, and enjoyed hoovering. Another resident liked setting and clearing the dining tables. Staff were available during these tasks, while ensuring residents were supported to be as independent as possible.

A range of individual and/or group social, leisure and therapeutic activities were available in the home. Staff and management outlined recent changes to increase the level of physical activity in the home, in line with current COVID-19 restrictions. In the morning, two residents enjoyed a gentle movement and breathing mindfulness meditation session; other residents enjoyed playing the ukulele or board games such as Monopoly with staff. One resident told us they preferred listening to talk radio and using the art supplies available in the home. Residents also had access to books, DVDs, and Netflix in communal areas.

6.2.3 Administration of medicines

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

We reviewed the management of medicines for two residents who had recently been admitted to the home. Information on the medicines prescribed had been obtained as part of the pre-admission planning. The medicine administration records had been accurately written and signed by two staff. Medicines had been accurately received into the home and administered in accordance with the most recent directions.

Residents in the home were registered with a local GP and medicines were dispensed by the community pharmacist. Medicine administration records reviewed at the inspection were accurate and up to date. In line with best practice, a second member of staff had checked and signed the records when they were written and updated to provide a double check that they were accurate. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The receipt, administration and disposal of controlled drugs are recorded in a controlled drug record book. This record book had been appropriately maintained.

Management and staff audited medicine administration on a regular basis within the home. A range of audits were carried out. The audits completed during this inspection showed that medicines had been given as prescribed. The date of opening was recorded on medicines so that they could be easily audited. This is good practice.

6.2.4 Catering arrangements

The home's chef outlined how meals are planned and prepared, and communication maintained between residents, care staff and kitchen staff. The chef was currently planning for a short period of leave and had batch cooked a variety of meals to be frozen. There was also a selection of other prepared meals and ingredients to ensure resident's always had other options and alternatives available.

Residents were involved in preparing meals in the home. One resident told us how they enjoyed working in the kitchen, and liked to make lasagne. Residents were also encouraged and supported to prepare their own small meals and snacks. The residents' kitchen was well

stocked with bread, yoghurt, juice, milk, cereal and fruit; this reflected the suggestions made by residents in a recent survey.

Discussion with staff and observation of practice confirmed that staff had good knowledge and understanding of residents' dietary needs and preferences. This was used to plan the meals provided in the home. For the lunch time meal, residents were offered soup and a choice of wheaten bread or a club sandwich. This was adapted depending on resident's preferences, for example staff knew one resident didn't like lettuce and tomato. Residents were delighted to hear that BBQ pork was being served for the evening meal, as this is a popular choice in the home.

6.2.5 Recording of care

Care records were individualised and very detailed. We discussed with the manager how some documentation could be streamlined to avoid potential confusion or repetition.

Care records focused equally on resident's strengths as well as areas where they required support. Care records clearly outlined how staff can promote residents to engage in positive risk taking. This is in line with the recovery model in the home and helps to develop resident's independence, confidence and abilities.

There was clear evidence of how resident's, their relatives and professionals such as psychologists were involved and included in care planning. Records were regularly reviewed to ensure care was effective and in line with the resident's goals.

Review of care records confirmed that appropriate arrangements were in place regarding restrictions on resident's liberty. The home maintained good records relating to resident's Mental Capacity Assessment and Deprivation of Liberty Safeguards documentation.

A personal medication record should be maintained for each resident. This record is used to list all the prescribed medicines, with details of how and when they should be administered. It is important that the record accurately reflects the most recent prescription to ensure that medicines are administered as prescribed and because it may be used by other healthcare professionals e.g. medication reviews, hospital appointments. This record was not in place for each resident on the day of the inspection; however, the registered manager emailed the RQIA on 28 October 2020 stating that it had been created for all residents.

The management of pain was discussed. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a resident's behaviour and were aware that this change may be associated with pain. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Directions for use were clearly recorded on the medicine administration records and care plans directing the use of these medicines were available. Records of administration were clearly recorded; the reason for and outcome of administration were generally recorded.

Risk assessments and care plans were also in place for the management of distressed reactions, diabetes or for residents who self-administer medication.

6.2.6 The home's environment

The home was clean, tidy and warm.

There was ample information displayed at the entrance and throughout the home on COVID-19 and Infection Prevention and Control (IPC) measures such as effective hand hygiene. Staff took our temperature and ensured we washed our hands when we arrived at the home.

Staff wore face masks and additional Personal Protective Equipment (PPE) as required. An area for improvement was made as some staff wore long sleeves and jewellery. The manager also agreed to review staff changing arrangements, to further minimise potential risk of infection.

Discussion with staff and inspection of the environment confirmed that there was a good supply of cleaning products, PPE, bed linen and continence aids. Up to date information on the management of the COVID-19 pandemic was emailed to staff and a hard copy retained in the home.

The medicines storage area was observed to be securely locked to prevent any unauthorised access. It was tidy and organised so that medicines belonging to each resident could be easily located. A medicine refrigerator and controlled drugs cabinet were available for use as needed. Although the door to the medicines storage area was locked, two cupboards used to store medicines did not have locks fitted; the manager gave an assurance that this would be rectified without delay. Medicines were safely disposed of.

6.2.7 Management and governance arrangements

During the inspection, we spoke with six members of staff, who told us there was good team work and that management were accessible and supportive. No staff feedback was provided following the inspection.

Review of governance records and discussion with staff confirmed there were a range of opportunities for staff to provide feedback on the home. This included individual staff supervision, welfare checks, team meetings and a whistle blowing hotline. Meetings were arranged in small groups where social distancing could be maintained, or via zoom.

The manager was on duty and available in the home throughout the inspection. Due to short notice changes to the staff rota, the manager was working on the floor on the morning of the inspection. Residents and staff were observed approaching the manager for support as required, and appeared comfortable and confident in doing so.

Management maintained robust oversight in the home through systematic audits and monthly monitoring of the care and services provided in the home. Occasionally medicines incidents occur within homes. Management and staff were familiar with the type of incidents that should be reported. We discussed the medicine related incidents which had been reported to RQIA. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff in order to prevent a recurrence.

Review of complaints records confirmed these were well managed and used to improve the service provided in the home. The home also retained compliments received from residents and relatives.

Comments included:

- “This is the happiest I’ve ever been.”
- “I’ve never been anywhere like this service.”
- “I’m grateful (my relative) is in the right place.”
- “The home is a real credit to you and your staff; it has a real warmth to it.”

Areas of good practice

Areas of good practice were identified in relation to the personalised, recovery focused care delivery in the home. There was clear evidence that residents were supported and encouraged to plan and participate in their care and rehabilitation.

Medicines management arrangements were robust and no areas for improvement were identified during this inspection.

Areas for improvement

Two areas for improvement were identified in relation to the staff rota and ensuring staff adhere to ‘bare below the elbow’ IPC best practice.

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

The home was clean, warm and tidy.

Residents were supported and enabled to develop their independence, skills and confidence by knowledgeable and friendly staff.

There were robust governance arrangements in place. Management took timely action to address issues and ensure learning was shared to maintain and improve the standard of care provided in the home.

Two areas for improvement were identified and are detailed in the QIP below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Caroline Yeomans, 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 25.6 **Stated:** First time **To be completed by:** from the date of inspection	The registered person shall ensure a full and accurate record is kept of all staff working over a 24-hour period and the capacity in which they worked. Ref: 6.2.1
	Response by registered person detailing the actions taken: The rota has been updated with hours of work for the Service Manager. All changes to the rota have been agreed and signed by the Service Manager. The unit is also currently transitioning to an online rota programme to ensure a full and accurate record is in place.
Area for improvement 2 **Ref**: Standard 28.3 **Stated:** First time **To be completed by:** from the date of inspection	The registered person ensures safe and healthy work practices through the provision of information and monitoring of staff in infection control; specifically that staff do not wear long sleeves or jewellery when working in the home. Ref: 6.2.6
	Response by registered person detailing the actions taken: An email was sent to all staff reminding them of the importance of infection control procedures and not to wear long sleeves or jewellary. Infection Control measures will continue to be discussed at team meetings PPE spot checks continue to take place and staffs' dress code is checked as part of this measure.

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

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