

Unannounced Care Inspection Report 10 November 2016



Laurelhill House

Type of service: Residential care home
Address: 1a Ballymacash Park, Lisburn, BT28 3EX
Tel no: 028 9260 2116
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Laurelhill House Residential Home took place on 10 November 2016 from 10.10 to 17.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

This inspection was also undertaken as a result of whistleblowing information received by RQIA by telephone on 17 October 2016. The information related to staffing issues in the home resulting in insufficient time to provide assistance to residents at mealtimes, with only one staff member available at both lunch and tea times. The staffing issues were also reported to result in a lack of stimulation or activities for the residents and to residents being bathed only once every two weeks. The findings in relation to these areas of concern are detailed in the body of the report.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Three recommendations were made. One recommendation was in relation to staff training in adult safeguarding. One recommendation was in relation to the development of a more robust method to provide managerial oversight of staff attending fire drills. One recommendation was in relation to the accurate recording of all fire checks in the home.

Is care effective?

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

Two recommendations were made. One recommendation was in relation to suitable plans being put in place to update and appropriately sign individual agreements for residents. One recommendation was in relation to a review of the arrangements for the provision of snack food during evenings and nights.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Mary Laird, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 May 2016.

2.0 Service details

Registered organisation/registered person: South Eastern Health and Social Care Trust/Hugh Henry McCaughey	Registered manager: Ms Mary Laird
Person in charge of the home at the time of inspection: Ms Mary Laird	Date manager registered: 10 March 2005
Categories of care: DE – Dementia	Number of registered places: 30

3.0 Methods/processes

Prior to inspection we analysed the following records: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with ten residents, the registered manager, two care staff, the cook and three residents' visitors/representatives. No visiting professionals were present.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of three residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings and representatives' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of 25 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Seventeen questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 28 June 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 31 May 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.1	The registered manager should ensure that local procedures specific to Laurelhill House are developed in relation to consent and to communication.	Met

<p>Stated: Second time</p> <p>To be completed by: 28 October 2016</p>	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of local procedures specific to Laurelhill House confirmed that these were developed in relation to consent and to communication.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 23.6</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure that the induction programmes for all new staff are completed with accurate records retained and appropriately signed and dated.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of completed staff induction records confirmed that accurate records were retained and appropriately signed and dated.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2016</p>	<p>The registered person should ensure that RQIA is notified of accidents and incidents in line with current guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of accident/incident/notifiable events records confirmed that RQIA is notified of accidents and incidents in line with current guidance.</p>	Met

4.3 Is care safe?

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, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

On the day of inspection the following staff were on duty:

- 1 x registered manager
- 2 x senior care assistants
- 5 x care assistants
- 2 x domestic staff
- 1 x laundry staff
- 1 x cook
- 2 x catering assistants

One senior care assistant and five care assistants were due to be on duty later in the day. One senior care assistant and three care assistants were scheduled to be on overnight duty.

Review of 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. The Trust offered both a corporate induction and a local induction for the home. Induction was linked to the Northern Ireland Social Care Council (NISCC) standards and code of practice for social care workers.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection. It was identified that staff training in adult safeguarding was recently out of date. A recommendation was made in this regard. It was noted that the method of scheduling and recording mandatory training, whilst accurate, could be improved upon. The registered manager advised that work was to commence on an electronic matrix of staff training in the near future.

Discussion with the registered manager identified that the trust also provided training in swallow awareness, epilepsy awareness, delirium awareness, recording skills, complaints handling and improving service user experience as mandatory. Speech and Language Therapy would also provide bespoke training when required.

The registered manager confirmed that arrangements in respect of competency and capability assessments were unchanged since the last care inspection. Such assessments were undertaken annually for any person who was 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. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and were found to be satisfactory. The annual completion of these assessments represented good practice.

Review of the recruitment and selection policy and procedure at the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the registered manager confirmed that staff continued to be 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 trust for all staff prior to the commencement of employment. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable) and this was also checked during staff supervision.

Adult safeguarding policies and procedures were in place which contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The trust's adult safeguarding policy and procedure was last reviewed in 2012 and was not consistent with the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The policy and procedure was recently reviewed and was due to be issued in early 2017. The registered manager confirmed that local procedures had been updated and that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

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.

Discussion with the registered manager identified that no adult safeguarding issues had arisen since the last care inspection; at that time a review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager confirmed risk management procedures remained in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The acting manager confirmed that some areas of restrictive practice were employed within the home, notably locked external doors and keypad entry systems on internal doors. Discussion with the acting manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the acting manager and review of the home's policy and procedures relating to safe and healthy working practices at the last care inspection confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc. The acting manager confirmed that equipment in use in the home was well maintained and regularly serviced.

A review of the infection prevention and control (IPC) policy and procedure confirmed that these were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that any outbreaks of infection within the last year had been managed in accordance with trust policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 15 June 2016; the registered manager later provided written confirmation that all recommendations arising from this assessment were appropriately addressed. Discussion with the registered manager confirmed that staff completed fire safety training twice annually; the last training was provided on 7 November 2016; the registered manager advised that the timing of training had been adjusted to allow night care staff and domestic staff to attend. This represented good practice.

Fire drills were completed twice annually. It was noted, however, that whilst the names of staff who participated in such drills was recorded, there was no method in place to ensure that each staff member had attended a fire drill annually. A recommendation was made in this regard. The registered manager confirmed that trust's estates staff tested the home's emergency lighting and generator monthly and outside contractors tested the fire panel and smoke detection system quarterly.

There were fire safety records in place to ensure that fire alarm systems and means of escape and were checked weekly. It was noted, however, that records of means of escape, fire doors and fire exits had not been completed between August and November 2016. When this was drawn to the attention of the registered manager, she spoke with staff members who had completed these tasks and received assurances that that the checks had been completed; it was also acknowledged that these checks should have been recorded. A recommendation was made in this regard. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

This inspection provided an opportunity to examine the arrangements in place for meals and mealtimes in the home. Inspection of the kitchen confirmed that it was clean, well equipped and well maintained. Foodstuffs were properly stored, the temperatures of fridges and freezers were monitored and recorded and there was a cleaning schedule in place. Kitchen staff were trained in food hygiene and were included in fire training.

The registered manger advised that training in swallow awareness was planned for all care staff on 18 November 2016. Care records contained evidence of liaison with residents' G.Ps for referral to Dieticians or to Speech and Language Therapy (SALT). Dietician and/or SALT recommendations for therapeutic diets were present. In addition care records contained specific care plans for the management of diabetes, where required; such care plans provided detailed guidance for staff.

A suitable risk monitoring tool was used, where appropriate, for those residents who had difficulty with eating or maintaining weight. Records were maintained of meals eaten by individual residents, if concerns were present about overeating or undereating. Records were maintained also of the fluid intake of residents, where risks had been identified. Residents were also weighed routinely, where necessary, and records maintained, in line with SALT recommendations.

The cook was able to describe the dietary requirements of those residents who needed particular foods or consistencies of foods and how this information was communicated to the kitchen staff. Copies of SALT recommendations were displayed in the kitchen.

There was guidance for staff on how to help people to eat well displayed on the walls of the dining rooms. This included advice on positioning of residents, reducing distractions and assisting with sequencing etc, all of which people with dementia may find difficult. A notice was displayed at the entrance of the building requesting that visitors allow protected time for residents at mealtimes.

The inspector observed how lunch was served to 15 residents in the large dining room. Seven residents were also served lunch in a smaller dining room. Three care staff were present in the large dining room and two staff were present in the smaller dining room. Care staff gave residents the choice to wear clothes protectors and provided individual assistance to residents who required help with feeding. On the day of inspection, there was no indication that there was insufficient staff available to provide assistance to residents with feeding.

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

Comments received from residents, staff and residents' representatives were as follows:

- "As for myself, no concern the service user is protected from harm. But in between service users? Because of the aspect of their behaviour where in their dementia could cause them to be violent sometimes, so number of staffing working together could avoid the sort of violence."
- "Staff shortage is a big issue. Residents are not moving away for nursing care."
- "There are occasions when due to staffing levels it is impossible to fulfil the needs of the clients. Mandatory training is provided but frequently is on 'days off'. A lot of the equipment, e.g. Kitchen and laundry, needs replaced."
- "The home is safe but could benefit from more maintenance i.e. in need of new blinds and curtains, also new night lights in bedrooms."
- "Shortage of staff on some occasions."
- "My (relative) has only been in Laurehill nine weeks but I feel that she is in safe and caring hands."

All comments were later shared with the registered manager.

Areas for improvement

Three areas for improvement were identified. One recommendation was made in relation to staff training in adult safeguarding. One recommendation was made in relation to the development of a more robust method to provide managerial oversight of staff attending fire drills. One recommendation was made in relation to the accurate recording of all fire checks in the home.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

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

A review of the care records of three residents 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 statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed they had an understanding of person centred care and that a person centred approach underpinned practice. It was noted that the Human Rights Act was integrated throughout care plans. This represented good practice. The registered manager confirmed that records were stored safely and securely in line with data protection.

An individual agreement setting out the terms of residency was in place. It was noted, however, that individual agreements were not updated. A recommendation was made that suitable plans should be put in place for the individual agreements for residents to be updated and appropriately signed.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints and medications were examined during the last care inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was contained within the monthly monitoring visits reports.

The registered manager confirmed 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. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident and representative meetings were reviewed during the inspection.

A review 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. In addition, the registered manager described how staff had actively advocated on behalf of a resident. The resident did not have family in the vicinity and a solicitor had made arrangements for personal possessions to be discarded. Staff contacted the solicitor and arranged for pictures, photograph albums and sporting trophies to be taken to the home. This assisted the resident to settle into the home.

In respect of meals and mealtimes, it was noted that resident care plans reflected personal food choices and preferences. The menu was displayed in suitable formats (written and pictorial) and meal times were regular. Choices were provided at each mealtime and suitable

alternatives provided. Snacks and drinks were available on request and there was a vending machine situated in the large dining room where visitors could purchase additional snacks and drinks.

The dining rooms were bright and clean. Music was played and ornaments were displayed on a dresser. Tables were attractively laid with a decorative centrepiece and with serviceable crockery, cutlery and glassware provided.

Observation of the lunch service confirmed that the meal portion sizes were appropriate and that meals were attractively presented. Staff assisting in the dining room checked with residents and additional servings were provided if residents so wished. When residents requested that they receive something different e.g. a banana or a bowl of cereal, this was provided.

Discussion with the cook identified that the kitchen operated at the same level over seven days and that residents’ choices were incorporated into the weekend menu by providing a fry on Saturdays and a roast dinner on Sundays.

Discussion with staff identified that some foods are kept in a small fridge in a dining room and that residents can have cold snacks between meals, if they wished. A trolley was also prepared each evening with bread, biscuits etc. Staff reported, however, that if residents were to express a wish for another type of snack, this was not always available as staff did not have access to the locked storage room in the late evenings or during the night. A recommendation was made that the arrangements for the provision of snack food during evenings and nights should be reviewed.

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

A comment received from staff was as follows:

- “The care in Laurelhill House is of a very high standard and is relevant to each individual client. However some clients remain in the unit too long when their needs are no longer residential but are considered as nursing care. This is very time consuming for staff.”

Areas for improvement

Two areas for improvement were identified. A recommendation was made that the individual agreements for residents should be updated and appropriately signed. A recommendation was made that the arrangements for the provision of snack food during evenings and nights should be reviewed.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The registered manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. On the day of inspection, a religious service was in progress.

Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records; care plans were in place for the management of pain and included trigger factors for pain and prescribed medication.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect; residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were able to describe how residents' confidentiality was protected.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. 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, for example, resident and representative meetings, annual care reviews etc.

The registered manager confirmed that residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified. This area was examined during the last care inspection and was unchanged since that time.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. A programme of activities was available in the entrance hallway of the home and was available for residents' representatives to view. The registered manager advised that since the home's activities co-ordinator had left, care staff had provided activities; it was hoped that the appointment of a full time care assistant would increase the amount and range of activities offered in the home.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Church services were provided regularly and the Friends of Laurelhill House group arranged social events and fundraising activities to enhance the comfort of residents. The registered manager advised that a room had been equipped to provide aromatherapy for residents and that there were also arrangements in place to provide pet therapy. A group of volunteers had worked to improve the garden within the internal courtyard. It was also planned

that some hens would be housed in the secure courtyard and this would be of benefit to residents.

The whistleblowing information in relation to a lack of stimulation or activities for the residents was discussed with the registered manager who acknowledged that whilst there had been difficulties with staffing in the home, there were arrangements in place to recruit more staff. The registered manager advised that one new staff member would be used exclusively to provide activities to residents.

The whistleblowing information in relation to residents being assisted with bathing once each fortnight was discussed with the registered manager who advised that one of the two baths in the home could not be used since the end of August 2016 and that it was due to be replaced; one bath and the showers in the home were still in use thus there was little impact on the residents. Discussion with the registered manager and inspection of care records identified that ten residents had a preference for using the bath, whilst others preferred to use the showers or to avail of a full body wash. The home maintained records of residents who had used the baths. Inspection of bathing records confirmed that residents had not received baths as frequently during a recent period of outbreak of infection in the home. The registered manager advised that the outbreak had affected both residents and staff and had led to a disruption in the usual bathing routine of residents. Residents, however, had had their personal hygiene needs met throughout this period. On the day of inspection all residents were observed to be clean and well presented. No malodours were noted. Advice was provided to the registered manager in relation to an improved method of recording of bathing, showering and personal care.

With regard to meals and mealtimes, residents were consulted about the planning of menus through residents meetings, annual surveys and one to one consultation. Care records included the individual choices and food preferences for residents.

Discussion with the cook, staff and a resident's representative confirmed that menus were provided for special occasions, Easter, Christmas, Halloween etc. The cook confirmed that a list of residents' birthdays was held in kitchen and that birthdays were celebrated with cake and candles.

Discussion with staff evidences that residents could dine in their own room if they wished to do so, although residents were encouraged to take meals in the dining rooms. On the day of inspection a resident had a visitor and chose to take lunch in his room; another resident chose to have lunch in a sitting room.

The cook and staff confirmed that hospitality was extended to visitors and groups when they were in the home.

Residents spoken with during the inspection made the following comments:

- "I like the food."
- "The food is great here. I don't have a big appetite, but I always get plenty and it's very tasty."
- "I like the food here."
- "I'm doing well here, no complaints."

Residents' representatives spoken with during the inspection made the following comments:

- "I think the care is excellent. The staff have got to know my (relative) and they take very good care of him."
- "I couldn't fault this place. The staff are very friendly and full of humour, but very professional when they need to be. They are very 'on the ball' when it comes to looking after the residents. If there was anything that I wasn't happy about, I'd go to the manager and I think she would take care of it. A while ago I raised with her that the garden was in need of a good tidy-up and it was sorted out. The manager also arranged for me to have my Christmas dinner with my (relative). The food was good and the portions were generous. I've also seen how residents get birthday cakes made for them."
- "I'm happy with the care here. My (relative) has settled in well."

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

Comments received from staff were as follows:

- "The care received here is very compassionate and any pain relief required is passed on to senior care as soon as it is evident in their (residents) change in behaviour."
- "With regular reports and handovers the service users get immediate care, with dignity and compassion. The care is carried out to a high standard."

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

The registered manager confirmed that arrangements to deal with complaints were unchanged since the last care inspection and that no complaints had been received since that time. There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review 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.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered manager confirmed that a local falls prevention programme was implemented by the trust.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was also a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager described how during a recent outbreak of infection, staff had availed of best practice guidance and had actively encouraged residents to maintain fluid intake to prevent dehydration and therefore further illness. Staff were also aware of the importance of obtaining samples and of having these sent for testing. Staff also maintained a high level of hand hygiene, in accordance of IPC guidance,

There was evidence of investment in the staff team. The registered manager advised that a staff member was undertaking training to become a Dementia Champion and that other staff members were also keen to complete this training. One staff member had been put forward to commence training in Best Practice in Dementia (University of Sterling) in September 2017.

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.

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 (examined during the last care inspection) and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home. Home managers in the trust attended monthly managers' meetings in order to share good practice and learn of new developments in the service.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed. Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken

place. 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. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

With regard to meals and mealtimes it was established that a take away menu policy was in place, also that the menu was revised every six months and that the menu was rotated every three weeks. Satisfaction surveys were completed with regard given to menus. The registered manager advised that a working group, made up of catering staff and management, met regularly to review catering arrangements. A system of communication between registered manager and catering staff was in place to share information regarding special diets, feedback from residents, trialling menu suggestions, etc.

Seventeen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied. One respondent indicated dissatisfaction with leadership and commented "The service in general is well led. But care staff feel very undervalued by some of the decisions and attitude of the managerial staff who do not look at the reality of the situations and what is expected of them."

A comment received from staff was as follows:

- "Well managed, but being a large organisation, decisions (do) not take place on priority basis."

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Mary Laird, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2017</p>	<p>The registered provider should ensure that staff are provided with updated training in adult safeguarding.</p> <p>Response by registered provider detailing the actions taken: This has been completed with the exception of 4 staff who are on sick leave. The Manager will ensure this is completed on their return to work</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.5</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that a more robust method is developed to provide managerial oversight of staff attending fire drills.</p> <p>Response by registered provider detailing the actions taken: A fire drill plan has been devised to ensure that a fire drill is carried out bi-monthly</p>
<p>Recommendation 3</p> <p>Ref: Standard 29.6</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that all fire checks are accurately recorded.</p> <p>Response by registered provider detailing the actions taken: Compliance with this task will be audited by the manager/Nominated Fire officer</p>
<p>Recommendation 4</p> <p>Ref: Standard 4.6</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure that suitable plans are in place to provide up to date individual agreements for residents or their representatives.</p> <p>Response by registered provider detailing the actions taken: This is almost complete and will be completed within timeframe</p>
<p>Recommendation 5</p> <p>Ref: Standard 12.6</p> <p>Stated: First time</p> <p>To be completed by: 16 January 2017</p>	<p>The registered provider should ensure that the arrangements for the provision of snack food during evenings and nights are reviewed.</p> <p>Response by registered provider detailing the actions taken: This has been actioned. The Senior care assistant has now a key for provision store</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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