

Unannounced Care Inspection Report 18 October 2016



Aaron House

Type of service: Residential Care Home
**Address: 40 Rosneath Gardens, Ballyoran,
Dundonald, Belfast, BT16 1UN**
Tel no: 028 9041 0045
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aaron House Residential Home took place on 18 October 2016 from 11:00 to 17:55.

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.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal and infection prevention and control. Two areas for improvement were identified in relation to the review and updating of risk assessments for two identified residents, and also for the storage of equipment in an overcrowded bedroom to be addressed.

Is care effective?

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders and audits of accidents and incidents. Two areas for improvement were identified in relation to an assessment to be completed by an appropriately trained professional regarding the use of the shower trolley by an identified resident and for an audit to be completed in relation to the reviewing and updating of care records.

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 individual needs 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, management of complaints and incidents, 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	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with John Hunter, person in charge as part of the inspection process. The timescales for completion commence from the date of inspection. Following the inspection the acting manager, Isabel Harper, was contacted via telephone to discuss management and staffing arrangements.

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 18 July 2016.

2.0 Service details

Registered organization/registered person: Presbyterian Board of Social Witness	Registered manager: Isabel Harper (acting)
Person in charge of the home at the time of inspection: John Hunter	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the last care inspection, the returned Quality Improvement Plan and the previous inspection report.

During the inspection the inspector met with 11 residents and four care staff.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures manual

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Six questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/07/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 18/07/16

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20.(1) (a)</p> <p>Stated: Second time</p> <p>To be completed by: 18 September 2016</p>	<p>The acting manager must undertake a full review of staffing levels in the home taking into consideration the assessed needs of all residents accommodated to ensure staff numbers are appropriate to meet those needs. This includes staffing levels on both day and night duty.</p> <p>Action taken as confirmed during the inspection:</p> <p>During a telephone conversation the day following the inspection the acting manager confirmed that recruitment was continuing within the home and that staffing levels were sufficient to meet the assessed needs of residents. The acting manager confirmed staffing levels had been reviewed taking into consideration identified busier periods. Information was later shared with RQIA to clarify dependency levels. The acting manager confirmed responsible persons are fully aware of the need to continually monitor and review staffing levels to ensure residents needs can be met at all times including both permanent and respite residents who access the service.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 18 September 2016</p>	<p>The registered provider should ensure the identified care plan is updated to ensure it is fully legible.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of the identified care plan showed that this had not been updated and was not fully legible. This recommendation has been stated for a second time in the Quality Improvement Plan appended to this report.</p>	Not Met

Recommendation 2 Ref: Standard 29.4 Stated: Carried forward To be completed by: 11 November 2016	The acting manager should ensure all staff complete fire safety training twice annually.	Met
	Action taken as confirmed during the inspection: Review of staff training records maintained in the home showed that staff training was provided twice annually. The next session was planned for October 2016.	

4.3 Is care safe?

During a telephone call following the inspection the acting manager confirmed the staffing levels for the home and that these were regularly reviewed and were adequate to meet the assessed needs of residents. On the day of inspection staff members had raised concerns regarding staffing levels in the home in relation to the dependency levels of residents. The acting manager confirmed that recruitment of additional staff was currently ongoing, with candidates ready for appointment pending satisfactory references and checks. Additional interviews were planned in the coming weeks. Following the inspection information was shared with RQIA to clarify resident dependency levels. Staffing levels within the home need to be consistently monitored to respond to the needs of permanent residents and also the changing needs of different respite users who access the service. The responsible persons are fully aware of this.

Discussion with one recently appointed staff member confirmed that an induction programme was in place relevant to their specific roles and responsibilities and that this had been beneficial. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was available for inspection.

Recruitment records were not viewed during the inspection in the absence of the acting manager.

Arrangements were in place to monitor the registration status of staff with their professional body.

An adult safeguarding policy and procedure was in place, information included was consistent with the current regional guidance. 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, 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 person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. Three care records were

reviewed. They included assessment of needs, life history, care plans and daily/regular statement of health and well-being of the resident. One contained up to date risk assessments, it was noted that the risk assessments for two identified residents had not been updated since 2012 and 2014 respectively. The person in charge was informed these should be revised whenever there is a change in the residents needs and in any case not less than annually. A requirement was made.

The person in charge confirmed there were restrictive practices employed within the home, notably locked doors, lap belts, bed rails and restrictive behavioural interventions. Review of records regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-disciplinary team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The person in charge confirmed there were risk management policy and procedures in place. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

Staff training records confirmed that all staff had received training in Infection Prevention and Control (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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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. One identified bedroom was noted to be cluttered with additional wheelchairs. This issue was discussed with the person in charge and the acting manager following the inspection. A recommendation was made that storage of the identified equipment within the bedroom should be improved upon.

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 apart from the storage arrangements of wheelchairs in afore mentioned bedroom.

The home had an up to date fire risk assessment in place dated 11 May 2016. Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 30 September 2016. Records were retained of staff who participated and any learning outcomes. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- “Things are ok the main issue is staff, we have been short this past while. I think there are new people recruited but it takes a long time.”
- “The staff have been really stretched, especially during September. It can be very busy”.

Six 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.

Comments received from representatives and staff in the returned questionnaires were as follows:

- Staff are first class.
- I have always felt that (my relatives) care is as safe as it can be.
- Aaron House is a loving caring home which I have been part of since it opened. When properly staffed it is a brilliant place to be for residents and staff alike. Unfortunately at times staffing is inadequate.

Areas for improvement

Two areas for improvement were identified in relation to the updating of risk assessments for two identified residents and also the storage of equipment in an overcrowded bedroom should be addressed.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

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

Three care records were reviewed. They included assessment of needs, life history, care plans and daily/regular statement of health and well-being of the resident. Some issues with regard to the updating and reviewing of risk assessments were identified and have been referred to in section 4.3 of this report. Further to this a recommendation was made that an audit should be developed for use to ensure all relevant care records including care plans and risk assessments are reviewed and updated when any changes occur and in any case no less than annually. The care records inspected reflected the multi-professional input into the residents’ health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. For example, staff were aware of residents individual likes and dislikes.

Staff shared with the inspector that they felt an identified shower trolley was no longer suitable for an identified resident due to a change in their needs. Staff were of the view that due to the change in the residents needs an alternative should be considered. This information was shared with the acting manager the day following the inspection. The need to ensure all equipment being used in the home was appropriate to meet resident’s needs was discussed with the acting manager. This should be supported with a proper assessment to show that all identified risks have been addressed. A requirement was made. Discussion with the person in

charge during the inspection and with the acting manager the day following the inspection confirmed that a care review was planned for the identified resident in the following weeks. The need to ensure all relevant information is shared at the resident's care review was discussed with the acting manager.

The person in charge 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 accidents and incidents (including falls) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The person in charge 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, staff meetings and staff shift handovers.

Observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Dependency levels of residents were observed at tea time these were noted to be high. Six staff were observed supporting residents at this time. Staffing levels must always be maintained at such a level that the needs of all residents in the home can be met at all times. The majority of residents in the home were observed to have limited communication skills, staff spoken with were aware of this and confirmed they would recognise subtle changes in residents presentation, and were aware of the non-verbal communication skills of residents.

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.

Staff spoken with during the inspection made the following comments:

- "It can be really busy especially when we have respite in. Residents seem to have more and more needs, things change and residents needs change over time".

Six 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.

Two comments received from a completed representatives questionnaire was as follows:

- Staff communication is excellent
- Staff keep a careful eye on my (relative) and his/her needs are met. He/ she is kept comfortable and included in social activities. I am consulted where appropriate.

Areas for improvement

Two areas for improvement were identified in relation to the completion of an assessment regarding the use of a shower trolley by an identified resident, and for an audit to be completed in relation to care records.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

The person in charge confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home.

The person in charge confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

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. For example, residents attend local day centres, and participate in multi-sensory sessions within the home. Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff shared how residents enjoyed their recent holidays and were supported with one to one activities.

The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Staff were observed spending one to one time with residents.

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 representatives are invited to residents care reviews, a suggestion box was positioned towards the entrance of the home, staff confirmed residents' preferences are maintained.

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

Comments received from representatives and staff in the returned questionnaires were as follows:

- My relative is treated with dignity and respect
- Excellent support. It's very compassionate.
- Our residents know they are loved and I am so proud to be part of Aaron House.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The person in charge outlined the management arrangements and governance systems in place within the home. The person in charge confirmed recruitment was ongoing in relation to appointing a registered manager.

The health and social care 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. Due to the high dependency levels of residents in the home regular liaising with members of the multi-disciplinary team of the referring trust should occur. The acting manager has confirmed in writing this is consistently happening.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, leaflet and information displayed around the home.

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.

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 available for inspection. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. For example staff were trained in the area of swallowing awareness. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including the management of Percutaneous endoscopic gastrostomy (PEG) tubes and swallowing awareness.

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. A review of the three most recent reports showed the views of staff, representatives, and other relevant information was gathered to monitor the care delivered.

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. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and 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 person in charge and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The person in charge confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

As stated in section 4.3 of this report staff shared with the inspector their views that staffing levels have been stretched causing additional pressure. Staff and the acting manager confirmed that recruitment of new staff has been ongoing over recent months. In a telephone call the day following the inspection the acting manager confirmed that staffing levels were currently adequate to meet the assessed needs of residents in the home. The need for staffing levels to be consistently monitored was discussed with the acting manager, this is especially pertinent when considering the dependency levels of permanent residents in the home and also the changing respite users who access the service.

Six completed questionnaires were returned to RQIA from staff and representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments received from completed and returned staff and representative questionnaires were as follows:

- Aaron House has a great structure and support system. The manager, staff and board are all involved and approachable.
- Over the past year and a bit we have been very short staffed and the Aaron House team have been amazing.
- The manager is always accessible. Comments or complaints are dealt with promptly and appropriately. I am kept well informed of any changes that may affect my (relative), and of any incidents affecting him/ her.

Areas for improvement

No areas for improvement were identified during the inspection.

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 John Hunter, person in charge, as part of the inspection process and with the acting manager, Isabel Harper, via telephone following the inspection. 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

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2016</p>	<p>The registered provider must ensure the risk assessments for two identified residents are reviewed and updated without delay. These should be revised whenever there is a change in the residents needs and in any case not less than annually.</p>
	<p>Response by registered provider detailing the actions taken: Risk assessment for identified residents have been reviewed and are up to date.</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2016</p>	<p>The registered provider must ensure that with regards to the use of the identified shower trolley by an identified resident, that a full assessment is made by a suitably qualified or suitably trained person without delay.</p>
	<p>Response by registered provider detailing the actions taken: Referral to Learning Disability Team for Occupational Therapy assessment of shower equipment for an identified resident requested 24/10/16 and 16/11/16.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>The registered provider should ensure that storage of the additional equipment within the identified bedroom is improved upon.</p>
	<p>Response by registered provider detailing the actions taken: Old wheelchair has been uplifted by Musgrave Park "NRS" on behalf of the Trust. Other equipment to be removed by resident's family when no longer required or in use.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p>	<p>The registered provider should ensure an audit is developed for use to ensure all relevant care records including care plans and risk assessments are reviewed and updated when any changes occur and in any case no less than annually.</p>
	<p>Response by registered provider detailing the actions taken: Care plan audit implemented prior to inspection.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2016</p>	<p>The registered provider should ensure the identified care plan is updated to ensure it is fully legible.</p>
	<p>Response by registered provider detailing the actions taken: Identified care plan was retyped 25/10/16 to ensure legibility.</p>



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