



Unannounced Care Inspection Report 2 October 2020



Aaron House

Type of Service: Residential Care Home (RCH)

**Address: 40 Rosneath Gardens, Dundonald,
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Inspector: Sharon McKnight

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide residential care for up to 16 residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager and date registered: Isabella Harper - 1 March 2017
Person in charge at the time of inspection: Isabella Harper	Number of registered places: 16
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential home on the day of this inspection: 13

4.0 Inspection summary

This unannounced care inspection took place on 2 October 2020 from 09:40 to 16:00 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. The inspection sought to assess progress with issues raised in the previous quality improvement plan and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- infection prevention and control (IPC) measures
- environment
- leadership and governance.

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	1	1

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

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 returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection we met with the majority of residents in small groups, one patient's relative, two senior care staff, five members of care staff, 2 student nurses, the chef and the activities co-ordinator. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also left for staff inviting them to provide feedback to RQIA on-line. 'Tell Us' cards were left to be placed in a prominent position to allow residents' relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota for week commencing 28 September 2020
- staff registration with the Northern Ireland Social Care Council (NISCC)
- staff supervision matrix
- a selection of audits
- monthly monitoring reports
- complaints and compliments records
- three week menu planner
- incident and accident records
- two residents' care records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 unannounced care inspection undertaken on 21 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.2 Stated: First time	The registered person shall ensure that a resident dependency assessment tool is used in order to confirm that staffing levels are safe in meeting the needs of residents accommodated.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that a dependency tool was completed monthly and included a calculation of the care hours needed against those provided. This area for improvement has been met.	
Area for improvement 2 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that individual formal staff supervision for consistent agency staff is provided with records retained.	Met
	Action taken as confirmed during the inspection: A review of the supervision matrix confirmed that the agency staff, who work regular shifts in the home are included in the planned supervisions. This area for improvement has been met.	
Area for improvement 3 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that a record is made within accident/incident records retained of any action taken to address incident/events and audits undertaken. Ensure accident / incident records are retained in an orderly secure file.	Met
	Action taken as confirmed during the inspection: A review of the records associated with accidents evidenced that this area for improvement has been met.	
Area for improvement 4 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that the behavioural support plans developed by the trust are reflected within the residents care plans.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Staffing

As previously discussed a system was in place to identify appropriate staffing levels to meet the residents' needs. A review of the staff rotas for the week of the inspection confirmed that the staffing numbers identified were provided. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide support. The staff reported that there was enough staff to comfortably meet the needs of residents. Staff told us that they felt well supported in their roles and were satisfied with the staffing levels. It was obvious from the relaxed interactions with the residents that the staff were familiar with them and knew them well.

The manager explained that the induction process for new staff was a minimum of three weeks, during which the staff member was supernumery to allow them time to work alongside more experienced members of staff and get to know the residents and the routines in the home. Records were maintained of the induction process.

We discussed the registration of staff with NISCC. Records were maintained of the checks which were completed monthly. Whilst there was a process in place to ensure newly appointed staff register with NISCC the manager did not have oversight of staff progress with their application to ensure it was completed within the recognised timeframes. This was identified as an area for improvement.

We spoke with seven members of staff, who displayed commitment and empathy towards the residents; they had a good knowledge and understanding of residents' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID-19 pandemic on staff, residents and relatives. Staff spoke positively of the support provided by management and were confident that any issues raised with the manager would be responded to and addressed.

We spoke with one relative who was visiting outside. They told us:

"I am very happy with the care, everyone is very kind and look after very well."

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; four were returned. All of the respondents were very satisfied with the staffing arrangements.

6.2.2. Care delivery

When we arrived in the home patients were socialising in the foyer of the home, the main lounge or in their bedrooms depending on individual choice. They were nicely dressed with good attention to detail with their personal appearance.

A quiz was held mid-morning in the main lounge with residents and staff divided into teams; the atmosphere in the lounge was relaxed and there was lots of gentle banter between the teams. The activity was enjoyed on different levels by the residents; those who could actively participate and those who observed closely and enjoyed the interactions between staff and residents. Staff displayed a great understanding of each patient's needs and how they responded to each patient was individual to that patient. Staff told us of how they had to rethink the range of activities given the current pandemic.

We joined the residents in the dining room for lunch; the lounge was also used at lunchtime to prevent the dining room becoming overcrowded. There was a choice of two dishes and we saw that both dishes were available to any resident who required to have the texture of their meal modified. The meals were appetising and nicely presented. Residents were assisted with their lunch in a timely manner and we observed relaxed interactions between residents and staff throughout the mealtime. We spoke at length with the chef who was enthusiastic regarding the menu choices and was knowledgeable of the residents' likes and dislikes and of the social and nutritional value of meals.

We discussed the arrangements for visiting with the manager who explained that visiting was currently being facilitated in the enclosed gardens to the rear of the home. The garden can be accessed directly without visitors having to come into the home. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Some relatives also visit their loved ones at their bedroom window. We discussed the arrangements for visiting as the weather turns colder and outside visits become more difficult. The manager confirmed that visiting arrangements were being reviewed and that a room which could be used for indoor visiting was currently being considered. There were separate visiting arrangements for end of life care.

The home had received numerous letters and cards of support throughout the current pandemic. The following are examples of some of the comments recorded in these letters and cards.

"Just a wee note to say a big thank you ...it has been a long, hard slog but you guys have been real heroes." (June 2020)

"Thinking of you all very much at this difficult time. Thank you for all you do to keep "the family" safe and well."

As previously discussed we received four completed questionnaires; all of which indicated that relatives were very satisfied with the care. The following comments were also provided:

"Aaron House is special, my son could not get better care, I am well satisfied."

"...it is a very strange time but is being managed very well by Aaron House, they are doing really well."

6.2.2 Care records

We reviewed two care records. Care records contained assessments of needs, care plans and associated risk assessments. Care records were individualised and written in a person centred manner and were regularly reviewed. Other healthcare professionals, for example speech and language therapists (SALT), dieticians and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

6.2.3 Infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and PPE were available at the entrance to the home. Signage had also been placed at the entrance to the home which provided advice and information about COVID-19. Staff and resident temperatures were being checked and recorded a minimum of twice daily. Staff and residents were tested regularly as part of the national testing programme for care homes.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. Records evidenced that regular hand hygiene and PPE audits were completed.

Environment

The atmosphere in the home was relaxed and well organised, warm, comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

Staff explained that each bedroom had been individually decorated to reflect the personality of the resident and their interests and likes.

We observed a number of trollies parked against the wall of a corridor which was a fire escape. This was brought to the attention of the manager and the trollies were moved immediately. Fire escapes must be kept clear; this was identified as an area for improvement.

6.2.4 Leadership and governance

There have been no changes to the management arrangements since the previous inspection. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

We discussed the systems in place to monitor and report on the quality of nursing and other services provided. A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall and IPC audits were also carried out monthly.

The monthly visits required to be undertaken to review the quality of the services provided have been completed throughout the outbreak. Reports of these visits included an action plan of any improvements required; the action plan was reviewed at the subsequent visit and progress made commented on in the report.

Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, staff understanding of each patient's needs, the dining experience, the provision and usage of PPE and effective team work throughout the home.

Areas for improvement

Two areas for improvement were identified in relation to fire safety and the oversight of the staff registration with NISCC.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Residents were well cared for and supported with their daily needs by staff. Staffing levels were satisfactory and staff felt well supported in their role.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isobel Harper, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(3)(c) Stated: First time To be completed by: Ongoing from the date of inspection	The registered person shall ensure that fire escapes are kept clear. Ref: 6.2.4 Response by registered person detailing the actions taken: Areas for improvement shared with staff team on day of Inspection and memo sent on 5/10/20 emphasising that all fire exits must be free from obstruction. Senior staff also walk round home to do a visual check and records completed to highlight any issues identified and what action taken to address the matter
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 30 October 2020	The registered person shall ensure that the manager has oversight of staff application to register with the NISCC to ensure it is completed within the recognised timeframes Ref: 6.2.1 Response by registered person detailing the actions taken: Additional column added to NISCC matrix to identify when retention fees are paid and this was completed week commencing 19/10/20

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



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