

# Unannounced Care Inspection Report 8 May 2018



## 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](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 16 beds that provides care for residents living with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Linda May Wray	<b>Registered Manager:</b> Isabella Harper
<b>Person in charge at the time of inspection:</b> Isabella Harper	<b>Date manager registered:</b> 1 March 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 16

### 4.0 Inspection summary

An unannounced care inspection took place on 8 May 2018 from 11.00 to 17.45.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, adult safeguarding, infection prevention and control, risk management, the home's environment, culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified with regards to all staff completing fire safety training and to ensure the regular review and updating of risk assessments.

Comments from one resident and staff included "I like it here, I like to go to Gateway"  
 "Everyone works really well, it's a good place to work. Residents are really well looked after."

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Isabella 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.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 September 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, nine residents and five staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were returned by residents and/or residents' representatives and one staff within the agreed timescale.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment
- Staff training schedule and training records
- Two staffs recruitment information/confirmation
- Three residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of care plans, accidents and incidents, NISCC registration
- Infection control register/associated records
- Accident, incident, notifiable event records
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 2 March 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 12 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13. (1) (b)  <b>Stated:</b> First time	The registered person shall make proper provision for the care and supervision of the identified resident. Reference to this is made in that the additional assessed supervision hours are adequately covered at all times.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the duty rota confirmed that the additional supervision hours were covered accordingly.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12. (1) (b)  <b>Stated:</b> First time	The registered person shall ensure that the care and treatment of residents reflects current best practice. Reference to this is made by ensuring multi professional, including behavioural support input is provided to address the needs of the identified resident and promote a consistency of approach.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of information in the home showed ongoing multi professional input for the identified resident. The registered manager confirmed that a consistent approach was being promoted by the professionals involved.	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> Second	The registered provider should ensure care staff have formal supervision according to the homes procedures and no less than six monthly.  Ref: 6.2	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records showed staff were having formal supervision regularly.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home 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 staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record 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.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with the registered manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. One completed competency and capability assessment was reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The registered manager advised that staff were 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. Checklists were available in the home for inspection which confirmed receipt of all relevant recruitment information.

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff information reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

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

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 registered manager, 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 stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, for example locked doors, keypad entry system, lap belts, bed rails, and restrictive behavioural interventions.

In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. Behaviour management plans had been devised by specialist professional teams from the trust. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in 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.

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 the home policy and procedures. The outbreak had been reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised 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.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had an up to date Legionella risk assessment in place dated November 2016 and recommendations had been actioned or were being addressed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated May 2017 and all recommendations had been actioned.

Review of staff training records showed that although fire safety training was provided at least twice annually there were a number of staff who had not completed two sessions. In addition there were two staff who had not completed any fire safety training in 2017. This was identified as an area for improvement to comply with the standards.



Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

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

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified during the inspection regarding fire safety training for staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. Three care records were reviewed they included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. It was noted from the care records inspected not all risk assessments had been reviewed and updated on a regular basis. This was identified as an area for improvement to comply with the standards.

The care records reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by representatives. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

The registered manager advised 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 care plans and accidents and incidents, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised 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. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

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 reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified during the inspection in relation to the regular review and updating of risk assessments.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

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

The registered manager advised 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. The registered manager advised that consent was sought in relation to care and treatment. Discussion with staff and observation of care practice and social interactions

demonstrated that residents were treated with dignity and respect. Although the majority of residents met during the inspection had limited and in some cases no verbal communication skills, interactions between staff and residents were observed to be warm and friendly. Residents were observed to be clean and tidy in appearance. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff, and the registered manager confirmed that residents' spiritual and cultural needs were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. Staff confirmed they would respond to subtle changes in resident's presentation if the resident was nonverbal.

Discussion with staff and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were responded to valued and communicated with in an appropriate manner and their preferences and opinions were taken into account in all matters affecting them. For example residents and their representatives were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, suggestion box and visits by the registered provider.

Residents' representatives were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for interested parties to read. Improvements made as direct result of the resident consultation included for example reviewing the homes laundry management policy.

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 are supported to attend local day centres and participate in multi-sensory sessions. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents and staff spoken with during the inspection made the following comments:

- "I like it here, I like to go to Gateway." (resident)
- "Everyone works really well, it's a good place to work. Residents are really well looked after." (staff)
- "The care is very good, it is definitely person centred." (staff)

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

Comments received from completed questionnaires were as follows:

- "Everything about Aaron House is top class, lovely staff, lovely atmosphere"

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents and their representatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care**

The registered manager outlined the management arrangements and governance systems in place within the home and stated that 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.

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 Resident's Guide. Discussion with staff confirmed that they were knowledgeable about how to respond to 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, communication with complainants, and the outcome of the complaint. The registered manager was advised to ensure the complainant's level of satisfaction with the outcome was also recorded. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership for example the registered manager advised on an upcoming management away day. The registered manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff for example recent PHA guidance in relation to urinary tract infection diagnosis and management. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example epilepsy awareness, diabetes awareness and dysphagia for adults with learning disabilities.

A visit by the registered provider 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, RQIA and any other interested parties 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 and Residents Guide. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager confirmed the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Four completed questionnaires were returned to RQIA from residents and/ or residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

## Areas of good practice

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.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Isabella 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 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.

### 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 29.4  <b>Stated:</b> First time  <b>To be completed by:</b> 8 June 2018	<p>The registered person shall ensure all staff complete fire safety training at least twice every year.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            2 sessions have been held (21 May &amp; 6 June) and a further session booked for 27<sup>th</sup> June. Staff have been told that if they have not yet attended training they must attend on the 27<sup>th</sup> June. Further training will be arranged for end of year so that all staff have 2 sessions per year.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.5  <b>Stated:</b> First time  <b>To be completed by:</b> 8 June 2018	<p>The registered person shall ensure the risk assessments are kept under continual review and kept up to date.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>            The Manager &amp; Deputy Manager will regularly Audit residents files to ensure regular review &amp; updates are undertaken. .</p>

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



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