

Unannounced Care Inspection Report 11 May 2016



Aaron House

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aaron House took place on 11 May 2016 from 10:45 to 19:45.

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

Is care safe?

Six areas of improvement were identified, resulting in four requirements and two recommendations. Requirements made related to ensuring an identified residents assessment is kept under regular review, ensuring that notifiable events are reported to RQIA, a review of staffing levels in the home to ensure they are commensurate with residents needs and training provision for staff in specified areas.

Two recommendations were made. These related to ensuring a supervision and appraisal schedule is developed for all staff and that fire safety training is provided twice annually.

As a result of this inspection, an urgent action letter was left with the home and enforcement action was considered. A serious concerns meeting was held on 20 May 2016 in relation to the identified needs of one resident, notifiable events records and staff training. Further information was requested from the registered provider in relation to the needs of one identified resident. At the meeting the registered provider gave assurances that relevant training had been provided to staff and a new process had been implemented in respect of notifiable events since the inspection took place.

Is care effective?

One area of improvement was identified. One requirement relating to the assessment of residents when needs change or in any case not less than annually was made.

Is care compassionate?

Observations of interactions and discussions with staff demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff shared their experience of promoting the individuality of each resident and were aware of how best to communicate with residents depending on their level of understanding. No requirements or recommendations were made.

Is the service well led?

One specific requirement has been made regarding how the residential care home is conducted to ensure the acting manager makes proper provision for the health and welfare of residents and to make proper provision for the care and were appropriate, treatment and supervision of residents at all times.

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	6	2

Details of the QIP within this report were discussed with Isabel Harper, Acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent medicines management inspection on 7/12/15

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness	Registered manager: Ms Isabel Harper (Acting)
Person in charge of the home at the time of inspection: Ms Isabel Harper	Date manager registered: 01/04/2005
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16
Weekly tariffs at time of inspection: £759.99 – £1310.67 per week	Number of residents accommodated at the time of inspection: 15

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection and the previous inspection report.

During the inspection the inspector met with 10 residents, five care staff, one domestic staff, and the acting manager. There were no visiting professionals or resident's visitors/representatives present in the home during the inspection period.

The following records were examined during the inspection:

- Staff competency and capability records
- Notifications of accidents and incidents
- Two care records
- Risk assessments
- Staff duty rota
- Staff training records
- Safeguarding policy and procedure
- Monthly monitoring Reports

Fifteen satisfaction questionnaires were distributed for completion by residents, staff and representatives. Seven completed questionnaires were completed and returned to RQIA. These showed respondents were satisfied with the care provided.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07/12/2015

The most recent inspection of Aaron House was an unannounced medicines management inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 09/06/2015

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

On the day of inspection concerns were identified in the home in relation to meeting the health and welfare needs of one recently accommodated resident.

Following a recent admission to the home one resident became unwell and was admitted to hospital. During the hospital stay the resident was diagnosed with a specific medical condition. As a result of this diagnosis a plan of care was implemented to maintain the resident's health. Part of this plan of care included the use of a medical device during sleeping hours. The acting manager confirmed there had been close working between the home and the hospital prior to discharge to ensure the resident's needs could be met at Aaron House. However during the inspection there was no evidence of care management input prior to discharge from hospital.

Records available in the home showed that within one week of the resident's readmission to the home, following the hospital stay, an incident occurred which could have had a serious impact on their health and wellbeing. Staff dealt with the situation at the time. The acting manager confirmed they had not been made aware of the risk by the hospital prior to discharge.

As a result of the findings during inspection an urgent action letter was left with the acting manager to request an urgent review of the residents assessed needs and placement suitability considering the recent incident. A serious concerns meeting was held with the registered provider and acting manager as a result of these issues. During the meeting we were informed that a re-assessment had been completed by the referring Trust which confirmed that Aaron House remains a suitable placement for the resident at this time. Notwithstanding, the acting manager must ensure systems are in place to monitor for signs of deterioration, and to ensure immediate liaison with the Trust for reassessment should there be any deterioration in the residents condition. A requirement has been made that the acting manager will ensure that the assessment of the resident's needs will be kept under regular review.

RQIA were not notified of this incident until six days later, there was also a six day delay in reporting the incident to the residents care manager. This was of particular concern considering the seriousness of the incident and the risks posed to the resident. The need to notify RQIA of any event which can adversely affect the care, health, welfare or safety of any resident was discussed with the acting manager. This information should have been forwarded without delay to both RQIA and the identified care manager. A requirement was made in relation to this issue. At the serious concerns meeting the responsible person told us that a new process has been established in relation to the processing of notifiable events to ensure timely reporting to the relevant agencies including RQIA.

In addition to the issues already identified, staff raised concerns regarding staffing levels within the home especially on night duty. A review of the staff duty rota showed that on a typical day there would be five staff on the morning shift and six staff on the evening shift. Review of the night duty rota showed three waking night staff are on duty five nights per week and two waking night staff are on duty two nights per week usually Friday and Saturday. This difference was discussed with the acting manager who confirmed two staff were on duty for the identified nights as residents would not be leaving the home early the following morning therefore two staff were deemed sufficient.

It was noted from care records and risk assessments reviewed that at least one resident in the home was recently assessed as requiring the assistance of three staff on occasions for personal care and moving and handling.

This issue was discussed with the acting manager as on nights with two staff on duty it would not be possible to meet the assessed needs as indicated for at least one identified resident. There was also a concern regarding the ability of staff to meet the needs of the other residents in the home whilst supporting the identified resident. An urgent actions letter was left with the acting manager on the day of the inspection outlining the need to ensure that staffing levels did not fall below three staff for night duty immediately following the inspection. In addition to this a requirement has been made that the acting manager should 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. A full review is deemed necessary considering two residents records were viewed during the inspection both of which showed a high level of dependency. Also discussions with staff indicated that there may be more residents who require additional support.

The acting manager confirmed that there were risk management procedures in place relating to the safety of individual residents. These were found to be maintained on an up to date basis. However, although a risk assessment had recently been completed to say an identified resident required the assistance of three there was no evidence of staffing levels being increased at night to deal with this change. As stated above a requirement was made regarding the reviewing of staff levels.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. It was noted that although there was some evidence of supervision and appraisal this was happening on an irregular and infrequent basis. Records available in the home showed that supervision was recently discussed during the staff meeting. A recommendation was made that a schedule should be drawn up ensuring the completion of staff supervision and appraisals for staff on a regular basis.

The acting manager and staff 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; records of competency and capability assessments were retained. A review of a sample of staff competency and capability assessments showed these were maintained on an up to date basis.

However, it was noted not all relevant staff had completed training to use a medical device which the identified resident required on a nightly basis. A review of the duty records showed that no staff scheduled to cover night duty on 13 May 2016 and 14 May 2016 had completed the training. This issue was discussed with the acting manager. An urgent action letter was left with the acting manager on the day outlining the need to ensure there was at least one staff member on duty every night who had completed the relevant training.

A requirement has been made that the acting manager must ensure staff receive adequate training at all times to prevent residents being harmed or being placed at risk of harm. At the serious concerns meeting the responsible person provided information to show an additional training session regarding the use of the medical device was provided for staff on 13 May 2016. The responsible person confirmed almost all staff have now completed the relevant training. The responsible person also confirmed that all staff who complete night duty have been trained in the use of the medical device.

An adult safeguarding policy and procedure was in place. The acting manager confirmed that this would be updated to reflect current regional guidance and reflect the details of the identified safeguarding champion for the home. The acting manager confirmed that there are plans in place to implement the new adult safeguarding procedures following the identification of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding 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.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, communal lounges, and bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant on duty confirmed that daily work schedules were in place.

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, including those with sensory impairments.

The acting manager confirmed that the fire risk assessor was in the home on 11 May 2016 to carry out the annual fire risk assessment, the inspector did not meet with the assessor on the day however requested that the acting manager forward a copy of the completed fire safety risk assessment to RQIA when it is made available. Review of staff training records confirmed that staff completed fire safety on 21 April 2016. It was noted however that the previous staff fire safety training session was in March 2015.

A recommendation was made that all staff should complete fire safety training twice annually. The most recent fire drill was completed on 5 April 2016, records were retained of staff who participated and any learning outcomes.

Areas for improvement

Six areas of improvement were identified, resulting in four requirements and two recommendations. Requirements related to the regular review of one identified resident, reporting of notifiable events, staffing levels and staff training.

Two recommendations were made these related to the completion of a supervision and appraisal schedule and to ensure fire safety training is provided twice annually.

Number of requirements:	4	Number of recommendations:	2
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4.4 Is care effective?

Review of records in the home showed that one identified resident had not had a care review since 2014. Another resident was assessed as requiring the assistance of three staff. Staff confirmed that the workload can be heavy especially when assisting residents' with transfers. The need to ensure residents' needs are reviewed at least annually and more often if changes occur was discussed with the registered manager. Changes can include but not limited to level of mobility, equipment required, diagnosis of any medical condition or a general increase in dependency levels. A requirement was made that the acting manager should ensure residents' needs are reviewed at least annually and more often if changes occur.

Discussion with staff confirmed that a person centred approach underpinned practice. The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The acting manager confirmed that records were stored safely and securely in line with data protection.

The acting 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. Further evidence of audits was contained within the monthly monitoring visits. The three most recent monthly monitoring reports were reviewed these referenced complaints, accidents and incidents, health and safety issues, fire safety, staff meetings and recruitment and training.

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers although as raised earlier in this report omissions were evident. Discussion with the acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders.

Areas for improvement

One area of improvement was identified; a requirement was made that that the acting manager should ensure residents' needs are reviewed at least annually and more often if changes occur.

Number of requirements:	1	Number of recommendations:	0
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4.5 Is care compassionate?

It was noted through discussions with the acting manager and staff that there was a culture in the home that supported the values of dignity, respect, independence, and rights of residents.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Staff were very knowledgeable about the individual needs of residents.

Observations of interactions and discussions with staff demonstrated that residents were treated with dignity and respect. Staff demonstrated awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected. Staff shared their experience of promoting the individuality of each resident and were aware of how best to communicate with residents depending on their level of understanding.

Discussion with staff, residents, and observation of practice confirmed that residents were enabled and supported to engage and participate in meaningful activities according to their abilities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Although a number of residents in the home would have significant communication difficulties three residents confirmed to the inspector that they were happy with their life in the home, their relationship with staff and the care provided.

One resident commented:

“I like it here, I like to go to the shops in Bangor. I look after some (residents) as they can’t talk”.

Seven completed questionnaires were returned from residents and representatives. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

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 focus of this inspection shifted to ensure the immediate safety of residents bearing in mind issues which had been reported in relation to meeting the needs of one recently accommodated resident. The findings from the inspection highlighted in sections 4.3 and 4.4, raised concerns regarding the safety of one resident recently admitted to the home. Staffing levels were noted as being too low on night duty when at least one resident was assessed as requiring the assistance of three staff. This combined with issues in respect of staff training in respect of managing health needs could potentially have had an impact on residents safety. Furthermore relevant information was not shared by hospital staff when the resident was being discharged from hospital.

A thorough discharge planning process with all professionals involved in the residents care should have been arranged. With this in place all relevant professionals could have had an input prior to discharge as opposed to assessments being done after the resident had been readmitted to the home. The need for close monitoring of the identified resident, their condition and regular reviews in association with the referring Trust has been stated. There is also a clear need for the acting manager to ensure assessments are completed for other residents currently accommodated in the home.

A requirement has been made that the acting manager ensures the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents and to make proper provision for the care and where appropriate, treatment and supervision of residents at all times.

There was evidence that a regular audit of accidents and incidents was undertaken and this was available for inspection.

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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns this was evidenced through their willingness to share their concerns during the inspection. Staff concerns regarding the risks identified were also noted when reviewing care record entries.

The acting manager 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 acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff.

Areas for improvement

Areas for improvement have already been highlighted through this report all of which require to be addressed to provide assurance that the service is well led. One specific requirement has been made regarding how the residential care home is conducted to ensure the acting manager makes proper provision for the health and welfare of residents and to make proper provision for the care and were appropriate, treatment and supervision of residents at all times.

Number of requirements:	1	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Isabel Harper, acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed 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 person/manager 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 person/manager 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)(a)</p> <p>Stated: First time</p> <p>To be completed by: 4 June 2016</p>	<p>The acting manager must ensure that the assessment of the identified resident's needs will be kept under regular review.</p> <p>Response by registered person detailing the actions taken: care plans are regularly reviewed & updated to reflect residents needs and care management reviews are held annually or as required. Commissioning Trust & allied health professionals are contacted whenever there are identified changes in residents needs. senior care staff to discuss with acting manager any concerns about residents needs being met.</p>
<p>Requirement 2</p> <p>Ref: Regulation 30.(1)(d)</p> <p>Stated: First time</p> <p>To be completed by: 12 May 2016</p>	<p>The acting manager must inform RQIA of any event which adversely affects the care, health, welfare or safety of any resident without delay.</p> <p>Response by registered person detailing the actions taken: .senior staff informed on 12/5/16 of the requirement to notify RQIA within 24 hours of incidents/accidents and not to rely on admin staff to undertake task.</p>
<p>Requirement 3</p> <p>Ref: Regulation 20.(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 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>Response by registered person detailing the actions taken: staff levels increased at night from 12/5/16 to 3 staff to meet an individual residents needs. All residents assessed needs currently met by current staffing levels.</p>
<p>Requirement 4</p> <p>Ref: Regulation</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The acting manager must ensure staff receive adequate training to prevent residents being harmed or being placed at risk of harm or abuse.</p> <p>Response by registered person detailing the actions taken: all staff received specialist training re use of equipment and safeguarding training facilitated on 17/6/16. Further training arranged throughout the year.</p>
<p>Requirement 5</p> <p>Ref: Regulation 15.(2)(b)</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The acting manager must ensure residents are assessed on a regular basis and in any case not less than annually.</p> <p>Response by registered person detailing the actions taken: an individual resident who had not been reviewed has since been reviewed on 27/5/16 and 9/6/16.</p>

<p>Requirement 6</p> <p>Ref: Regulation 13.(1)</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The registered person must ensure the residential care home is conducted so as to promote and make proper provision for the health and welfare of residents and to make proper provision for the care and where appropriate, treatment and supervision of residents at all times.</p> <p>Response by registered person detailing the actions taken: commissioning Trust review all new placements within 6-8 weeks of placement commencing and then annually. Registered Person in weekly contact with acting Manager regarding provision of all aspects of the service and care delivered.</p>
<p>Recommendation 1</p> <p>Ref: Standard 24.3</p> <p>Stated: First time</p> <p>To be completed by: 11 July 2016</p>	<p>The acting manager should ensure a supervision schedule is drawn up thus ensuring the completion of staff supervision and appraisals on a regular basis.</p> <p>Response by registered person detailing the actions taken: supervision schedule drawn up and commenced on 12/5/16.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2016</p>	<p>The acting manager should ensure all staff complete fire safety training twice annually.</p> <p>Response by registered person detailing the actions taken: Fire safety training delivered on 21/4/16 and further sessions to be delivered and will be completed by November 2016.</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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