

# Unannounced Care Inspection Report 12 September 2017



## 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 (consisting of 14 permanent places and two respite places) that provide care for people with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual(s):</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 12 September 2017 from 10:55 to 17:55.

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 induction and training, infection prevention and control, the home's environment and communication between residents, representatives, staff and other key stakeholders.

Areas requiring improvement were identified in relation to ensuring multi-disciplinary input including behavioural support regarding the management of an identified behaviour of one resident and also to ensure staff supervision levels are maintained at the assessed level for the identified resident during the hours specified on the duty rota at all times. The need for regular formal supervision of staff has been stated for a second time in the Quality Improvement Plan (QIP) appended to this report.

One representative said: "This place is wonderful, I wish there were more like it". Residents observed were clean and tidy in appearance, interactions between staff and residents were warm and friendly.

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>	2	1

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.

## 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 27 April 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with nine residents, four staff, one residents' visitor/representative and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision schedule
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment information
- 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 care plans, care reviews; accidents and incidents (including falls)
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as partially 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 27 April 2017**

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

**6.2 Review of areas for improvement from the last care inspection dated 27 April 2017**

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
<b>Area for improvement 1</b> <b>Ref:</b> Standard 24.2 <b>Stated:</b> First time	The registered provider should ensure care staff have formal supervision according to the homes procedures and no less than six monthly.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of supervision information and discussion with the registered manager confirmed progress had been made regarding staff supervision completion rates though some were still outstanding.  This area for improvement has been stated for a second time in the QIP appended to this report.	

### 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 confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staff confirmed that staff arrangements had improved however at times there were not enough staff on duty to maintain the additional supervision hours for an identified resident. This issue was discussed with the registered manager who confirmed recruitment of staff was ongoing. The issue of additional supervision hours for the identified resident is discussed later in this report.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager and staff confirmed that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Completed induction records were viewed during the previous inspection and were found to be satisfactory.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

The registered 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. Samples of completed staff competency and capability assessments were 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. Discussion with the registered manager confirmed 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. Completed recruitment checklists were maintained in the home which confirmed the acquisition of relevant information.

Enhanced AccessNI disclosures were viewed for all staff prior to the commencement of employment. Recruitment checklist information reviewed confirmed that AccessNI information was 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 guidance and 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. A safeguarding champion had been established, a poster displaying their name and photograph was on display in the home.

Discussion with staff confirmed that they were aware of the 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 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 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed there were restrictive practices employed within the home, for example locked doors, keypad entry systems, lap belts and bed rails. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Review of care records for one identified resident showed a recent increase in frequency of an identified behaviour. This issue was discussed with the registered manager as was the need to ensure multi professional input including the behavioural support team with regard to the management of the behaviour. Multi professional input and the need to ensure a specific behavioural management approach which is consistently applied was discussed with the registered manager. This was identified as area for improvement to reflect best practice and comply with regulations.

Further to this discussion with staff and review of staff duty records maintained in the home showed that additional supervision hours for the identified resident were not always being covered therefore increasing the opportunity and risk of engaging in the challenging behaviour. This was identified as an area for improvement to comply with regulations.

Discussion with the registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons were informed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager 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. fire safety etc.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed 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 there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, 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 personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 8 May 2017 and the registered manager confirmed that all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in August 2017. Records were retained of 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/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Three completed questionnaires were returned to RQIA from resident's 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:

- "Very good."
- "Could not be better."



## Areas of good practice

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

## Areas for improvement

Two areas for improvement were identified in relation to ensuring multi-disciplinary input including behavioural support regarding the management of an identified behaviour and also to ensure staff supervision levels are maintained at the assessed level for the identified resident during the hours specified on the duty rota.

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

### 6.5 Is care effective?

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

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, behavioural management where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also 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. However as stated in section 6.4, further multi professional input including the behavioural support team should be sought for an identified resident regarding changes in behaviour.

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. Discussion with staff confirmed that a person centred approach underpinned practice for example residents personal likes and dislikes are considered.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care plans, care review, 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 registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff

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

Discussion with staff and one representative and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A number of residents in the home were observed to have limited verbal communication skills due to their diagnosis. Staff spoken with were aware of this and confirmed they recognise subtle changes in residents presentation, and were aware of the importance of non-verbal communication cues 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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Three completed questionnaires were returned to RQIA from resident’s 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:

- “First class.”
- “Could not be better.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

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

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and one representative confirmed that residents’ spiritual and cultural needs, were met within the home. Discussion with staff and a visiting

representative confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with one representative and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected for example ensuring handovers were completed in the office.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Although residents met during the inspection had limited communication skills, the representative spoken with, confirmed that the views of residents and representatives were taken into account in all matters affecting them. Residents were observed to be clean and tidy in appearance, interactions between staff and residents were observed to be warm and friendly.

Discussion with staff, one representative, review of care records and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 matters affecting them for example suggestion box, annual reviews etc.

Representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for interested parties to read. An action plan was developed and implemented to address any issues identified. Improvements made as direct result of the consultation included new furniture, changes to the door bell and laundry services.

Discussion with staff and one representative, 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 for example a summer barbeque was held at the home where family members were invited to attend. During the inspection the registered manager shared the holiday arrangements for residents.

One resident's representative spoken with during the inspection made the following comments:

- "This place is wonderful, I wish there were more like it. You know everyone is well looked after, they are loved like family members. Its home from home and is always spotlessly clean."

Three completed questionnaires were returned to RQIA from resident's 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:

- “(Relative) is very happy at Aaron House because he is loved and cared for.”
- “Very compassionate.”

**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 or representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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. 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 Residents Guide, leaflet etc.

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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example swallowing awareness, and learning disability and dementia. A staff member had recently completed dementia champion training.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular visits and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

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

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

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

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

Comments received from completed questionnaires were as follows:

- The manager is both caring, very approachable and extremely competent.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13. (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2017	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A new member of staff is commencing work on the 20<sup>th</sup> November to cover breakfast shift as this is a potential time when the resident needs additional supervision. Agency staff have also been used and when they are unavailable our own staff including the Manager will work with the individual. Further additional staff are currently being recruited.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 12. (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 October 2017	<p>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.</p> <p>Ref: 6.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Further to liaison with the Health Trust a referral has been made for Behaviour Support input. Sensory integration sessions with the O.T. are ongoing.</p>
<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 24.2  <b>Stated:</b> Second  <b>To be completed by:</b> 12 November 2017	<p>The registered provider should ensure care staff have formal supervision according to the homes procedures and no less than six monthly.</p> <p>Ref: 6.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Senior staff have completed sessions.</p>

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





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