



# Unannounced Care Inspection Report 16 May 2019



## Aaron House

**Type of Service: Residential Care Home**  
**Address: 40 Rosneath Gardens, Ballyoran, Dundonald**  
**Belfast, BT16 1UN**  
**Tel No: 028 9041 0045**  
**Inspector: Priscilla Clayton**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

**1.0 What we look for**



**2.0 Profile of service**

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

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.30 hours to 16.30 hours.

The inspection assessed progress with all areas for improvement identified in the home 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 the culture and ethos within the home, provision of therapeutic activities, good team working relationships, staff induction, staff supervision and appraisal and infection prevention and control.

Areas for improvement included: ensuring appropriate staff supervision for one resident identified to be at risk, recording of 1:1 supervision times within care plans, obtaining minutes of care review and staff training in the terminology for modified diets and fluids for people with swallowing difficulties.

Some residents had limited ability to communication verbally; these residents were seen to be relaxed and comfortable in their surrounding and in their interactions with staff and other residents. Other residents were able to share their views on the care provided to them and their life in the home. One group of residents described living in the home “good with staff looking after them very well”.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the care Quality Improvement Plan (QIP) were discussed with Isobel Harper, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

One area for improvement identified at the previous pharmacy inspection was reviewed and assessment of compliance recorded as met.

Action taken to ensure compliance with the previous estates inspection was not reviewed as part of this inspection and will be carried forward to the next inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 14 February 2019

The most recent inspection of the home was an unannounced finance inspection undertaken on 14 February 2019. No further actions were required to be taken following the finance inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; estates and pharmacy inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept
- inspect the premises

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Three questionnaires were completed by relatives and returned to RQIA within the timescale

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

- staff duty rotas from 6 May 2019 to 16 May 2019
- staff training schedule
- one staff induction
- two residents' records of care
- complaint records
- compliments records
- records of audits
- random selection of accident/incident records
- reports of visits by the registered provider reports March 2019 and April 2019
- RQIA registration certificate
- medicine fridge temperature records
- menus
- kitchen food records
- fire risk assessment

Areas identified for improvements 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 outstanding areas for improvement from previous inspection(s)**

Areas for improvement generated from previous care and pharmacy inspections have been reviewed and validated as met. Areas for improvement from the previous estates inspection dated 2 September 2014 were not reviewed as part of this inspection. This has been carried forward to the next inspection.

### **6.2 Inspection findings**

#### **6.3 Is care safe?**

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

On arrival at the home we were welcomed by the registered manager who remained on duty throughout the day. Thirteen of the sixteen residents living in the home had left to attend day care. The remaining residents, with high complex learning disability needs, were being assisted by staff with their personal care in preparation for breakfast.

Staffing levels were discussed with the registered manager who confirmed that these were planned and kept under review to ensure that the needs of residents were being met. One resident said the “staff are great” another said “I like here and love my room”.

Staffing rotas from 6 to 16 May 2019 were reviewed. Rotas evidenced number and grades of staff on duty each day, shifts covered and who was in charge.

The registered manager explained that they were holding a morning staff recruitment drive in the home with a representative from the organisation’s human resources and Lindsay Conway, responsible individual in attendance. Several interested people visited throughout the morning to gain information about the service and obtain application forms.

The registered manager explained that the recruitment of suitable care staff has proved difficult in the past and they were hoping to have this addressed through recruitment of people from the local community. Currently the home has four vacant care staff posts which are filled by permanent staff working additional hours and consistent agency staff commissioned to ensure continuity of care.

The registered manager advised that she chaired the interviews of applicants for the home and that recruitment and selection was undertaken in accordance with regulation 21 (1) (b) Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Staff employment records were held at the organisation’s head office human resource department. We spoke with the representative from the organisation’s human resources department, present in the home, who advised that written confirmation was provided to the registered manager when AccessNI clearance was received.

Review of the records of staff registrations with the Northern Ireland Social Care Council (NISCC) evidenced that staff were registered as required. The registered manager advised that monthly monitoring of registrations is undertaken to ensure all staff were registered within the timescales required. This procedure is necessary to ensure that social care staff are safe practitioners and adhere to NISCC social care standards of conduct and practice.

The registered manager advised that all newly appointed staff undertake an induction programme to ensure they are competent and capable to provide care in the home.

Our review of the incident notifications submitted to RQIA and the 1:1 staff supervision provided for one resident was discussed with the registered manager who explained that the resident was assessed as requiring more 1:1 supervised care than was currently provided by the trust. The registered manager advised that a care management review was set for 5 June 2019.

In light of the reported incidents, the risk assessment, behavioural monitoring charts and observation of care practice we asked that increased 1:1 staff supervision arrangements for this resident are secured. The registered manager agreed to contact the trust care manager again to reiterate the identified need and the difficulty the home was experiencing in providing this high level of care.

Review of training and development records and discussion with the registered manager and staff evidence that ongoing mandatory training was being provided alongside other professional development opportunities to ensure staff were trained for their roles or responsibilities. Professional development included; continence management, frailty awareness, autism, dementia awareness and behavioural management/restrictive practices. In addition, senior care staff are currently working towards achievement of QCF Level 5. One care assistant is undertaking QCF Level 3. Other staff hold QCF Level 2 qualification.

Three satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated they were satisfied that staffing levels were safe; however one respondent commented "although I feel Aaron House provided good safe care I do feel they could do with more staff". This was shared with the registered manager following the inspection. Another respondent commented "my wife and I are very happy with Aaron House plus the staff are great, nothing too much trouble for them".

An inspection of the home was undertaken. All areas were observed to be clean, tidy and odour free. Residents' bedrooms were comfortably furnished, heated and decorated with personal memorabilia displayed. Fire doors were closed and fire exits unobstructed. Fire equipment records reviewed evidence weekly and monthly audits were undertaken as required. The current fire risk assessment was dated 7 May 2019. Fire safety training was provided with most staff in attendance. An additional training session was being arranged for staff who were unable to attend.

Several notice boards contained a wide range of written and pictorial information to enable residents and visitors to be aware of "what's on".

There was a range of visible infection prevention and control (IPC) resources available to staff for example; disposable gloves, aprons, liquid hand soap and pedal operated bins. Staff training in IPC had been provided with records retained. Staff were observed washing their hands following the provision of residents' personal care. Seven steps hand washing notices were displayed within toilets and bathrooms.

The management of adult safeguarding issues within the home was discussed with the registered manager who explained that staff training was an integral component of staff mandatory training. Staff demonstrated good knowledge and understanding of the procedure to follow should an allegation or actual abuse occur in the home. The registered manager advised that no current safeguarding issues were ongoing. The adult safeguarding champion position report for 2018 was not available, however, the registered manager explained that this report was completed and held with the organisation's head of safeguarding.

The registered manager advised that regular monthly monitoring of accidents and incidents was undertaken to identify any trends and patterns which need to be addressed. Information on accidents and incidents was also reviewed as part of the responsible individual's monthly monitoring visits. In addition, the home forwards notifications to the commissioning trust for monitoring purposes.

We reviewed the arrangements within the home for responding to residents' behaviour. Through observations, review of documentation and discussions with residents and staff, confirmation was obtained that restraint was only used as a last resort in the best interest of resident safety and wellbeing. Restrictive practices are actions taken to prevent movement or mobility or disengage from dangerous or harmful physical contact, and non-restrictive methods. Care records evidenced that restraint measures were discussed at multi-professional behavioural care reviews with consent to the use obtained from resident/representative.

Residents returned from their day care placement at approximately 15.00 hours. All were supervised and assisted by staff to settle back into their environment before the serving of tea later in the day. Many residents chose to sit outside, where the sun shone in the secure patio area, drinks provided and supervision and assistance given by staff. One resident commented that they loved going to the day centre and another told us they liked to meet up with their friends there but liked to come back.

**Management of medicines**

One area for improvement was identified in respect of the previous pharmacy inspection conducted on 09 March 2019. This improvement related to the provision of robust systems to ensure medicines were being stored at the correct temperature. Discussion with the registered manager regarding the systems in place and review of records retained evidenced that safe cold storage temperatures for medicines were being checked and recorded as required. The registered manager monitors the temperature recordings.

**Areas of good practice**

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

**Areas for improvement**

One area identified for improvement related to staff supervision arrangements for one resident.

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

**6.4 Is care effective?**

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

Care records reviewed contained necessary documents including; pre admission assessments, comprehensive needs assessments which were complemented with associated risk assessments, person centred care plans, daily evaluations and care reviews. Risk assessments included for example, nutritional, behavioural, moving and handling, bed rail use, pressure sore and falls. Two areas identified for improvement related firstly to the absence of the reviewed behavioural plan in one resident's file. The registered manager explained that the review was held but no minutes/plan was received. The registered manager readily agreed to follow this up with the commissioning trust. The second improvement related to the care plan of one resident which did not reflect the actual 1:1 supervision times to be provided.

Discussion with the registered manager and staff confirmed that a person centred approach underpinned their practice. Staff were able to describe in detail how the needs, choices and preferences of individual preferences were met. Staff advised that they received a hand over report each morning from the night staff and at other shift changes to ensure they were fully informed of any changes in residents' planned care and actions which need to be followed up.

Review of care records evidenced multi-professional working and collaboration with professionals such as general practitioners, district nurses, occupational therapists, speech and language therapists (SALT). Regular communication with relatives/representatives was also found.

Care records were observed to be stored safely and securely in accordance with General Data Protection Regulation (GDPR).

Three satisfaction questionnaires were completed and returned to RQIA from relatives of residents. Respondents indicated that they were very satisfied that care was effective and met their expectations.

Residents who were able to respond indicated they felt they were well cared for. One resident said "The staff are good; they always help me if I want help" another said "I get good care here and don't want to leave".

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, for example, there were audits of care records and accidents and incidents. Further evidence of audit was reflected within visits by the registered provider and annual quality review report (2018). The registered manager explained that areas identified for improvement and action taken were incorporated into practice.

The management of falls was discussed with the registered manager who advised that an adapted form of the "falls toolkit" was used. Fall risk assessments, care plans and evaluations were contained within care records examined.

We reviewed the arrangements in place for responding to residents' behaviours. The home had a policy on restrictive practice which was available to staff. Restrictive practices are any type of support or practices that limits the rights or freedom of movement of a person. This may include seclusion (when a person is put in a room or place and the person cannot leave when they want to do so). The registered manager advised there were restrictive practices within the home, for example, locked doors, key pad entry systems, lap belts and restrictive behavioural interventions. Care records examined contained evidence that interventions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team and the resident's relative/representative.

Three weekly rotating menus were provided. These were noted to be varied with healthy food provided. The presentation and serving of the mid-day meal was discreetly observed. Residents were supervised and assisted by staff in a respectful, unhurried manner. Special diets were served as required with records of meals recorded. Residents' weights were recorded on a monthly basis or more frequently if required and closely monitored. Notification of residents with weight loss or excessive weight gain would be made to the general practitioner for ongoing referral to the dietician or speech and language therapist.

Records of food temperatures stored were being recorded as required. All equipment was reported to be in good working order. A guidance poster displayed within the kitchen which was titled “International Dysphasia Diet Standardisation Initiative” (IDDSI) which relates to the changed terminology for modified diets and fluids for people with swallowing difficulties. Staff we spoke to were not aware of the change or how to record. Improvement is necessary in this regard.

We spoke with staff who demonstrated good understanding of the care plans and interventions to meet the assessed needs of individual residents. Staff were satisfied that the care provided was effective and should any issues arise in this regard they would escalate this to the registered manager.

Staff demonstrated good knowledge and understanding of residents’ likes/dislikes and preferences as they know their residents very well and the support they required to give good safe and effective care.

Three satisfaction questionnaires were completed and returned to RQIA, within the timescale, following the inspection. All respondents indicated they were satisfied that care provided was effective, including they were kept aware of care plans and that care met their expectations.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders, record keeping and quality review audits

**Areas for improvement**

Areas identified for improvement included; obtaining minutes of care review of one resident, recording of 1.1 staff supervision hours within care plans and provision of IDDSI training for staff.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 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 explained that staff promoted a culture and ethos that supported the values of dignity, respect, choice, rights, independence and consent of residents. These values were reflected within the home’s statement of purpose, resident guide and care plans reviewed.

Staff were observed engaging with residents in a friendly respectful manner throughout the inspection. Residents appeared relaxed and those who were able spoke openly with us. Staff were able to describe how they use verbal and non-verbal approaches to communicate effectively with residents, which we observed to be effective throughout the day.

Care records examined reflected residents' choices, preferences, communication needs and daily routines. Staff explained that routines are flexible depending on the resident's preferences.

We spoke with residents who indicated they were happy living in Aaron House and that the staff were kind to them. No issues or concerns were raised or indicated.

The home had a policy and procedure relating to the provision of activities. Through our observations, review of documentation and discussions with staff and those residents who were able to respond, confirmation was obtained that the programme of activities was based on the assessed needs of residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme identified that activities were provided throughout the week. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. A selection of materials and resources was available for use during activity sessions.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in a range of suitable therapeutic and social activities. Staff confirmed that residents were consulted about organised activities and outings and their views, choices and preferences were provided as far as possible. Records of activities provided were retained.

Staff advised that birthdays were celebrated and social outings this year included; visits to the cinema, shopping, church attendance, Disney on Ice, Ballet at the Waterfront and Opera House.

Three satisfaction questionnaires were completed and returned to RQIA within the timescale following the inspection. All respondents indicated they were satisfied that care provided was compassionate and that their views were sought about the care and quality of the service.

From our observation of practice, review of care records, discussions with residents and staff we would conclude that the care provided was 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, dignity and privacy, listening to and valuing residents and their representatives and taking account of the views of residents.

### **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

## 6.6 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 home's current RQIA registration certificate and employer's liability insurance certificate were displayed in a prominent position.

The registered manager, who was on duty throughout the inspection, explained she was supported in her role by a mixed skill care and ancillary team of staff. Feedback from staff spoken with provided assurance that they had a good awareness of their roles and responsibilities b was registered with RQIA.

There was a clear organisational/management structure which was reflected within the home's statement of purpose. Staff demonstrated good awareness of the structure and how they can access support and advice if required.

The home retains a wide range of policies and procedures which were readily available to staff within the main office of the home. Electronic copies were also available.

A review of the home's complaints records was undertaken and discussed with the registered manager. Records reviewed reflected investigation, action taken and resolution.

Several letters and cards were received from families of residents commending staff on the good care provided and life enjoyed by residents.

Accident and incident records were discussed with the registered manager with several cross referenced with RQIA notifications received. Review of records confirmed that these were effectively documented and notified to RQIA and other organisations in accordance with the legislation and procedures. A regular audit of accidents/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 staff and senior management.

The registered manager reported that there was a system to ensure safety bulletins, serious adverse incidents alerts and staffing alerts were appropriately reviewed and actioned.

A number of governance audits reviewed were completed by the registered manager or senior staff member on a monthly basis. For example, audits were undertaken of care records, accidents/incidents, NISCC registrations, medications, fire safety, kitchen food temperature compliance and the home's environmental. Audits undertaken were overseen by senior management and, where necessary, action was taken to address any issues identified.

Visits by the registered provider were undertaken on a monthly basis as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available to interested parties. Reports for March 2019 and April 2019 were reviewed and found to be satisfactorily completed in accordance with legislation.

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

Records of staff meetings, supervision and appraisals were retained and available for inspection. Staff meetings were being held on a quarterly basis or more frequently if necessary. Annual appraisals were conducted as required. The registered manager provided supervision to senior staff and senior staff supervised care staff. Supervision for the registered manager is provided by her line manager.

Three satisfaction questionnaires were completed and returned to RQIA within the timescale following the inspection. All respondents indicated they were satisfied that care provided was well managed with their views sought about the care and quality of the service.

### 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 Isobel Harper, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential 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 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> 17 May 2019	The registered person shall ensure that safe staff supervision is provided for one resident identified to be at high risk of choking.  <b>Ref:</b> 6.3  <b>Response by registered person detailing the actions taken:</b> Staffing levels have been increased and registered manager continues to liaise with commissioning Trust regarding assessed needs of identified person.
<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 10.4 <b>Stated:</b> First time <b>To be completed by:</b> 30 May 2019	The registered person shall ensure that the current review behavioural plan is obtained from the commissioning trust.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Updated Behaviour Support Plan received from Trust 21/05/19
<b>Area for improvement 2</b> <b>Ref:</b> Standard 10.3 <b>Stated:</b> First time <b>To be completed by:</b> 17 May 2019	The registered person shall ensure that the 1:1 supervision times are reflected within the care plans of residents assessed to be at risk of choking.  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Care plan has been updated to reflect supervision times or resident assessed as needing 1:1 support
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23.4 <b>Stated:</b> First time <b>To be completed by:</b> 31 July 2019	The registered person shall ensure staff are trained in the Dysphasia Diet Standardisation Initiative (IDDSI)  <b>Ref:</b> 6.4  <b>Response by registered person detailing the actions taken:</b> Training sourced from local Trust or two kitchen staff. Training dates are 13 <sup>th</sup> August and additional training set for 15 <sup>th</sup> October.

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



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