

Care Inspection Report

18 July 2016



Aaron House

Type of Service: Residential Home

Address: 40 Rosneath Gardens

Ballyoran

Dundonald

Belfast

BT16 1UN

Tel No: 02890410045

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aaron House took place on 18 July 2016 from 15:30 to 19:15. The focus of the inspection was to follow up on the progress made since the previous care inspection on 11 May 2016 which led to a serious concerns meeting being held at RQIA offices on 20/05/16. An action plan was presented by the registered provider during this meeting outlining how the identified issues would be addressed.

Six requirements and one recommendation were followed up during this inspection. The outstanding recommendation relating to the provision of fire safety training twice annually has been carried forward and shall be reviewed during the next inspection.

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	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ms Isabel Harper, acting manager, as part of the inspection process and follow up telephone call. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

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 provider: Presbyterian Board of Social Witness	Registered manager: Ms Isabel Harper
Person in charge of the home at the time of inspection: Ms Isabel Harper	Date manager registered: 1 April 2005
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan (QIP) from the previous care inspection, notifications of accidents and incidents submitted to RQIA from the previous care inspection.

During the inspection the inspector met with two care staff, the acting manager and the registered provider who was present towards the end of the inspection. Residents were observed relaxing in the communal lounge areas of the home.

The following records were examined during the inspection:

- Three care records
- Staff training records
- Staff duty rota
- Supervision and appraisal schedule
- Accidents and incidents records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11/05/2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 11/05/2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 15.(2)(a) Stated: First time To be completed by: 4 June 2016	The acting manager must ensure that the assessment of the identified resident's needs will be kept under regular review.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed that the identified residents needs will be kept under regular review, the home will continue to liaise with the multidisciplinary team on a regular basis and when any changes occur. Records available confirmed ongoing review with the referring trust.	

<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager confirmed this was being completed. Records available in the home showed staff had been made aware of the home's procedure. Review of recent accidents / incidents in the home showed that these had been managed and reported appropriately.</p>	<p>Met</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of the duty rota and discussion with staff confirmed that staffing levels at night had been increased following the last inspection. Staff confirmed staffing levels remained stretched, and can result in feelings of stress. The acting manager, registered provider and staff confirmed that a meeting has been arranged to gather staffs views and opinions. A systematic review of staffing levels based on "time in motion" is to be implemented. The acting manager and registered provider confirmed this information shall be analysed, and responded to as needed.</p>	<p>Partially Met</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Inspection of training records in relation to the use of specialist medical devices showed staff had completed relevant training.</p>	<p>Met</p>

Requirement 5 Ref: Regulation 15.(2)(b) Stated: First time To be completed by: 11 July 2016	The acting manager must ensure residents are assessed on a regular basis and in any case not less than annually.	Met
	Action taken as confirmed during the inspection: The acting manager confirmed reviews had been completed for an identified resident and that all residents are assessed, on an annual basis, or more frequently should any changes occur.	
Requirement 6 Ref: Regulation 13.(1) Stated: First time To be completed by: 11 July 2016	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.	Met
	Action taken as confirmed during the inspection: The acting manager and registered provider gave strong assurances that the needs of all residents were being met through close working with the multi-disciplinary team from the referring trust. Reviews were being maintained on an up to date basis. The acting manager and registered provider confirmed that arrangements were in place for a systematic review of staffing levels, and confirmed they would respond to any identified areas.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 24.3 Stated: First time To be completed by: 11 July 2016	The acting manager should ensure a supervision schedule is drawn up thus ensuring the completion of staff supervision and appraisals on a regular basis.	Met
	Action taken as confirmed during the inspection: Review of records in the home showed that a supervision and appraisal schedule was in place. This showed recent supervision sessions with staff had been completed.	

Last care inspection recommendations		Validation of compliance
Recommendation 2 Ref: Standard 29.4 Stated: First time To be completed by: 11 November 2016	The acting manager should ensure all staff complete fire safety training twice annually.	Not reviewed
	Action taken as confirmed during the inspection: Fire safety training records were not reviewed on this occasion. This recommendation shall be carried forward to the next inspection.	

4.3 Inspection findings

An unannounced inspection was carried out on 18 July 2016 to follow up on the areas identified for improvement as a result of the previous care inspection on 11 May 2016. Ms Isabel Harper, acting manager, was the person in charge during the inspection. Mrs Linda Wray registered provider was present towards the end of the inspection.

Three care records were reviewed these showed that assessments, care plans and risk assessments were updated and reviewed on a regular basis. Daily / regular updates regarding the residents' needs were found to be maintained on an up to date basis. Review of the care records and discussion with staff confirmed that residents were referred for medical attention as and when required and care plans updated accordingly.

A review of staff training records showed that staff had completed training in relation to managing specific equipment in the home.

A staff supervision and appraisal schedule had been completed there was evidence of ongoing staff supervision being completed within the home.

The staff duty rota was inspected. The acting manager confirmed that staffing levels had been increased to three wakened night staff following the last inspection and that staffing levels were adequate to meet the assessed needs of residents. The acting manager confirmed staffing at weekends had also been increased to six during the day. A review of care records showed the resident who had previously been assessed as requiring the assistance of three staff can now be supported with the assistance of two due to the introduction and use of specific moving and handling equipment. The risk assessment for the identified resident had been updated accordingly to reflect this change. Staff confirmed the assistance of two was appropriate to support the identified resident. A recommendation was made that the resident's care plan should be rewritten as a number of additions had been added on to the typed document in black ink making it difficult to read in places.

Discussion with two care staff confirmed they believed staffing levels remain stretched; they felt more staff were needed due to the high levels of dependency of resident's in the home. An example was given where a resident previously would have had one to one supervision, the level of supervision has now been reduced as a result staff expressed concern that the residents behaviour had deteriorated. This issue was discussed with the acting manager who

confirmed that this had being raised with care management and a referral had been made to the behavioural support service.

Staff shared that they felt the introduction of a mentor system my benefit newly recruited staff. During discussions the acting manager, registered provider and staff confirmed that a meeting date had been arranged to gather the views and opinions of staff about their experiences in delivering the day to day care in the home. The acting manager and registered provider confirmed a systematic review of staffing levels based on “time in motion” is to be implemented. Records relating to this were available in the home. The acting manager and registered provider confirmed once the information has been gathered it shall be analysed, and responded to as needed.

Accident and incident records were reviewed since the previous inspection. These were found to have been managed and reported appropriately. Of the areas in the home inspected these were found to be clean and fresh smelling throughout, no obvious hazards were observed. Eleven residents were observed relaxing in the communal lounge areas of the home, they appeared clean, tidy and at ease. Staff were observed treating residents with dignity and respect.

5.0 Quality improvement plan

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to care.team@rqia.org.uk for review 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 20.(1)
(a)

Stated: Second time

To be completed by:
18 September 2016

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.

Response by registered provider detailing the actions taken:

.Training was facilitated on 21/4/16 and two further sessions being arranged The Registered Provider met with senior staff to discuss residents dependency levels and an exercise is being undertaken for staff to record pressurised times of the day. Staffing increased to 3 during the night. Temporary positions advertised to facilitate further additional staffing as required on shifts. Additional funding being sought from H& SC Trust.

Recommendations

Recommendation 1

Ref: Standard 8.5

Stated: First time

To be completed by:
18 September 2016

The registered provider should ensure the identified care plan is updated to ensure it is fully legible.

Response by registered provider detailing the actions taken:

Person responsible for the identified care plan has updated it w/c 15/8/16

Recommendation 2

Ref: Standard 29.4

Stated: Carried
forward

To be completed by:
11 November 2016

The acting manager should ensure all staff complete fire safety training twice annually.

Response by registered provider detailing the actions taken:

fFire training was facilitated on 21/4/16 and 17 Aug 2016 and 2 further sessions arranged October and November.

****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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