



Unannounced Care Inspection Report 21 November 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

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.

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 residents within the category of learning disability.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 21 November 2019 from 08.30 hours to 16.00 hours.

The inspection assessed progress with all areas for improvement identified in the home at 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.

The focus of this inspection was on the provision of staffing levels and notifications submitted to RQIA.

Evidence of good practice was found in relation to staff induction, staff training, communication with residents/representatives and staff and infection, prevention and control measures within the home

Areas requiring improvement included the use of a resident dependency tool, recording of action taken to address accidents/incidents and outcome of audits and ensuring that the recommended trust behavioural support guidance is reflected within individual care plans.

Residents described living in the home as being a good experience/in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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.

We wish to thank the residents, staff and manager on the warm welcome received, their assistance and co-operation throughout the inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	4

4.2 Action taken following the most recent inspection dated 16 May 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 16 May 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, notifications 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

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.

Two completed resident questionnaires were returned to RQIA within the timescale.

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

- staff duty rotas
- staff training schedule and training records
- Three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records
- reports of visits by the registered provider/monthly monitoring reports
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 16 May 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that safe staff supervision is provided for one resident identified to be at high risk of choking.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the care plan evidenced supervision as commissioned by the trust.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.4 Stated: First time	The registered person shall ensure that the current review behavioural plan is obtained from the commissioning trust.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of the care records evidenced that the behavioural plan was received on 21 May 2019.	
Area for improvement 2 Ref: Standard 10.3 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Two care plans reviewed reflected supervision times.	

Area for improvement 3 Ref: Standard 23.4 Stated: First time	The registered person shall ensure staff are trained in the Dysphasia Diet Standardisation Initiative (IDDSI).	Met
	Action taken as confirmed during the inspection: Staff training was provided on 13 August 2019 and 15 October 2019.	

There were no areas for improvements made as a result of the last finance 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 residents were observed to be up washed and dressed. Eight residents, who had their breakfast, were waiting for transport to go to their day care placements. Three residents attended Aaron day care centre which is semi - detached to the home. All residents were appropriately dressed with their personal care needs attended. Five of the residents who were not attending day care were having breakfast in the dining room. Residents spoke openly with us while they waited for transport and stated they "looked forward to going out in the bus to meet up with friends in the day centre". Residents were observed to be supervised and assisted into the transport bus by staff. One staff member left the home to accompany residents to the day centre. Residents were expected to return to the home around 15.30 hours.

The manager was advised that the focus of this inspection was on staffing as we had received intelligence that the staffing levels in the home were unsafe and that staff were stressed as a result of this.

The manager, who was on duty throughout the inspection, explained the staffing levels, skill mix and current shifts in place to meet the needs of residents. The manager explained that staffing levels were determined in accordance with the number of residents accommodated, dependency levels, including 1:1 supervisions and layout of the home/fire safety arrangements. The manager stated the dependency levels of residents were determined by way of the overall interventions required to meet their needs but no formal dependency assessment tool was currently used. The manager agreed that this was an area requiring improvement so determine the number of staff required.

The manager explained the current staffing rota and that residents needs were being met. Each am, Monday to Friday, prior to residents leaving for the day care, seven care staff and one senior care staff member were required. The same staffing levels were required on the return

of residents to the home. Four staff were rostered to cover night duty which included 1:1 supervision. The manager further advised that five consistent agency staff were covering vacant posts until new appointments commence and some permanent staff, when available, worked additional hours. During weekends the full complement of staff was rostered as residents do not leave the home to attend day care.

The manager explained there had been great difficulty in getting new staff alongside the commissioning of agency staff at late notice. In total there were five staff vacancies; four new staff appointments had been made following interviews held during September and October 2019; three new staff are to commence when Access NI clearance was obtained and their resignation time completed. The remaining appointment is due to commence on 30 December 2019. The manager and staff who spoke with us said the staffing levels were much better now with five consistent agency staff working set shifts.

The manager explained that senior management had advertised care assistant posts several times in the local papers, social media, on-line NI Jobs Direct and held an open day. In addition notices were distributed to staff titled "Refer a Friend" which details the financial reward which would be paid to the person who recommends a successful applicant who remains in post for at least three months. The manager also explained the difficulties they had during the summer getting agency staff at short notice to cover unexpected notice of absence of staff and that the commissioning trust had been notified of the difficulties. The manager explained that despite the difficulties the staff team were under they always pulled together as best they could to ensure residents' needs were met.

The manager advised that additional interviews would take place should further suitable applications be received. It is also the intention to appoint an additional senior care assistant to provide additional support/supervision of staff and associated governance activity.

Review of the duty roster evidenced that there was a shortfall of one staff member over the previous weekend of the inspection. The manager stated that they were unable to obtain cover as no agency staff were available at short notice for the shifts and permanent staff were unable to work additional hours. Discussion with the manager and staff evidenced that staffing was generally consistent since the previous care inspection and that residents' needs were being met with the current rostered staffing levels. Every effort must be made to maintain safe staffing levels each day.

We discussed staffing levels with three staff who explained staff morale had been low due to the staffing issues; unable to get agency cover at short notice alongside different agency staff working who had to be closely supervised had put them under pressure to ensure residents' needs were being met. Staff agreed that their morale and stress had improved since the five consistent agency staff were now working and that new staff appointments had been made. Agency staff told us that they had a good induction and that they were registered with Northern Ireland Social Care Council (NISCC). Records of NISCC registrations were retained for monitoring purposes by the organisation's human resources department.

We were told by the manager that an induction programme was provided for all new staff. Induction of new staff, including agency, is necessary to ensure that staff are supervised until they can demonstrate the required acceptable levels of competence to carry out their role and responsibilities.

We could see that there was enough staff on duty to attend to residents and to quickly answer any requests by residents for help, to assist with care when needed and to provide activities for residents who do not attend day care.

The provision of staff supervision was discussed with the manager who advised that staff supervision was provided for permanent staff but not consistent agency staff. The provision of staff supervision for consistent agency staff was identified as an area for improvement as individual supervision meetings provide opportunity for the mentor to review the staff member's work and provide development and support as required.

The home had a policy/procedure on adult safeguarding and staff who spoke with us demonstrated good knowledge and understanding of the procedure to follow in accordance with their role. They were aware of the necessity to report all suspected abuse and keep accurate records. Staff told us their training helped them feel confident about action they should take.

The manager explained that one alleged safeguarding incident was with the commissioning trust and that a protection plan had been implemented. The registered manager is to share the outcome of the investigation with RQIA.

The home had a policy and procedure on the reporting of accidents and incidents which included notifications to RQIA. Notifications submitted to RQIA following the previous care inspection were reviewed and discussed with the manager and cross referenced with records retained. The manager explained that monthly audits were undertaken and recorded, shared with staff and measures put in place to minimise recurrence. Accidents/incidents were also forwarded to senior management and the commissioning trust for monitoring purposes. The manager explained to us the outcome of action taken to address several notifications submitted to RQIA however; the action taken was not recorded within audits/records retained. The recording of action taken to address incident/events and audits was identified as an area for improvement. The retention of accident / incident records were noted to be in loose pages and not in date order leaving it cumbersome for the manager to retrieve/review.

The administration of medications and associated notifications submitted to RQIA was discussed with the manager who advised that additional staff training was provided on various dates; 31 May 2019, 8 September 2019, 27 September 2019 and 25 September 2019. Discussion took place on staff wearing "Do not disturb" tabards while administering medications to minimise interruptions taking place.

We were told by staff that they received mandatory training and other learning and development opportunities to enable them to fulfil their role and responsibilities. Additional training undertaken since the previous inspection included equality awareness, Dysphasia Diet and Standardising information recording (IDDSI), Mental Health Capacity (NI) – Deprivation of Liberty Safeguards (DoLS) and updates on medication administration. Records of staff training provided were retained.

An inspection of the environment was undertaken. All areas were observed to be clean, tidy and organised. There was a good supply of infection, prevention and control resources available to staff. Residents' bedrooms were personalised and there were no malodours. One area of concern related to the open security door leading to the day care centre. This door was made secure by way of a security entry/exit to ensure that residents identified to be at risk of leaving the home unaccompanied. During the inspection the manager placed a notice indicating that the door "must be kept closed at all times" for the safety of residents.

During the inspection we met with staff, some comments included:

- “The use of an increased number of consistent agency staff who work regular shifts now has greatly improved staff morale”
- “We were stressed out when we were unable to get agency staff to cover, now things are much better”
- “ Many of the residents now require greater help and assistance with their care”
- “It’s good that new staff appointments have been made”
- “staffing levels safe at present but if staff don’t come in and we are not able to replace it does put pressure on staff”

Two completed satisfaction questionnaires were received from relatives following the inspection. Respondents indicated that they felt residents were safe in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, infection protection and control and measures in place to minimise cross contamination of infection.

Areas for improvement

The following areas were identified for improvement; recording of resident dependency score, provision of individual supervision for consistent agency staff and provision of safe staffing levels, the recording of action taken to minimise accidents/incident occurring and related audits undertaken. Improvement in the filing system of the accident/incidents records is also necessary.

	Regulations	Standards
Total number of areas for improvement	0	3

6.4 Is care effective?

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

During the inspection we could see that residents were getting the right care and that staff knew their residents very well. Staff were able to describe the individual care needs of residents and how these needs were met. Staff also reported that there was good communication between staff for the benefit of residents and that team work was good.

Staff explained the daily routine which commenced each morning when they came on duty. Designated time was provided for a staff hand over report to be given by the night staff. Information on how residents slept and any changes to the residents’ care plans and other information regarding the home were provided. Allocation of duties to staff was given as planned by the senior care assistant. Staff hand over reports was given at each shift change over to ensure staff were fully informed of any changes in residents care.

The care records for residents were kept safe and secure. Records reviewed were observed to be legible with necessary assessments, person centred care plans. Daily progress notes were recorded, dated and signed by staff making the entry. We also saw that some needs assessments and care plans require review / update, also dated and signed by resident/representative. The manager stated that this was a work in progress now that staffing levels had improved. We saw that the trust behavioural support strategies included guidance and early traffic light type warning on how to respond to behaviours which challenge however, this detail was not reflected within the resident's person centred care plan. This was identified as an area for improvement.

The manager explained that staff meetings were held on a regular basis. One recent staff meeting held included discussions regarding staffing, new appointments, use of consistent agency staff until new staff commence work.

Meetings with residents were mainly held in an individual format as some residents would be unable to comprehend or understand an agenda. Pictorial information was shared with residents and small group discussions held. For example one small group discussed the Christmas social events they wanted to do and the arrangements made to attend La Mon Hotel for Christmas lunch.

Staff who met with us made the following comments:

- "We all pull together and work hard to ensure residents care is effective"
- "Any concerns we have are discussed with the senior care assistant or the manager"
- "We are less stressed now that new staff have been appointed and the agency staff are given set shifts"
- "Good care is provided and we are meeting the needs of residents"

Two completed satisfaction questionnaires were received relatives following the inspection. Respondents indicated they felt staff were kind.

Commentary included:

- "as a parent I cannot praise the staff at Aaron House any higher. The care my ---- receives is exceptional."

Areas of good practice

There were examples of good practice found in relation to the direct care provided by staff to residents, communication between residents, staff and other key stakeholders.

Areas for improvement

One area identified for improvement was in relation to care record keeping,

	Regulations	Standards
Total number of areas for improvement	0	1

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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents talking openly with us, laughing and joking with staff. Residents were observed to be relaxed, content and confident with staff; staff were attentive and residents who were able expressed their needs, which were promptly responded to by staff. Residents participated in planned activities supported by staff. There was no evidence of residents wandering aimless around the home.

One small group of residents told us they “liked living here and the staff were good and treat us well”. They also explained that they were looking forward to going out to the La Mon hotel for a Christmas meal.

We could see that residents’ wishes, interests and preferences were reflected in care records, for example there was information about activities they liked and preferred daily routines. Staff told us that the residents’ routines depend on what they wanted to do and that staff took a flexible approach.

We could see that staff could communicate well with residents including those who were unable to verbally articulate their views and needed additional reassurance or support.

Staff told us the range of activities available and social events organised especially around the Christmas festive season. We could see that records were retained of activities provided and resident participation.

Meals for residents were served in the dining room where tables are set and fluids/condiments were provided. Residents who required to be assisted to have their meal were respectfully supported by staff in an unhurried manner. Records of meals provided were retained. We could also see that any resident who required a textured or modified diet were prepared by kitchen staff and training was given in the correct consistencies of food and fluids. Staff referred to written recommendations from Speech and Language Therapists for individual residents.

Two completed satisfaction questionnaires were received from relative following the inspection. Respondents indicated that they felt the care was good.

One comment recorded included:

- “All staff bring an outstanding atmosphere to the residents and relatives”

Areas of good practice

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

Areas for improvement.

No areas for improvement were identified within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

The manager is supported in her role at operational level by a deputy manager, who was off duty on the day of inspection, and a mixed skill team of care staff and ancillary staff including house keepers, cook and kitchen staff. An administrative officer and receptionist were also employed. Support at senior management level was provided by the head of disability services who is in regular contact by way of visits to the home and management meetings.

The manager described the systems and process in place for the daily management of the home and the associated governance activity; regular management meetings were held with the disability services manager to provide opportunity to discuss governance matters including what was working well, staffing levels, audits and action plans agreed to address matters arising. The manager stated she received very good support from senior management who were always available when required.

The manager stated that staff are supported to do their jobs through individual supervision, appraisal, training and staff meetings.

The manager advised that no complaints were received since the previous inspection. Staff told us that if any concerns or issues arising they would not hesitate to report these to the senior care assistant or the manager.

The manager also shared complements received from residents and their families with staff and this was important for staff morale and learning.

The manager told us about the system for notifying family members, senior management RQIA and the trust and any other relevant parties of any accidents or incidents in the home.

During the inspection the responsible individual came to the home to meet with the inspector to discuss the staffing difficulties encountered, appointment of new staff and how the organisation had made every effort to employ new staff.

Discussion took place on how families and representatives were kept informed about life in the home as previously organised meetings were poorly attended. The development of a newsletter by the head of disability services was distributed. The newsletter contained good information including the appointment of a deputy manager and the award received by Aaron House from the Independent Health Care Provider (IHPC) for the excellent work being done. The care team were runners up this year. Alongside this the manager was short listed and highly commended as manager in another award ceremony organised by a care agency. In

addition reference was also made to some difficulty recruiting new staff. The development of the newsletter is to be commended.

The manager confirmed that home was visited by the head of disability services each month and all aspects of the running of the home were reviewed, analysed and evaluated with action plans recorded within the report. We looked at reports for September and October 2019 and found these were comprehensive. The reports showed evidence of staffing, engagement with residents and staff to get their views on the care provided in the home; the provider also checked accidents/incidents and complaints and condition of the environment. Actions for improvements were recorded in such a way that they could be tracked until they had been satisfactorily actioned.

Two completed relative satisfaction questionnaires were received at RQIA following the inspection. Respondents indicated that they felt the home was well organised.

Areas of good practice

There were examples of good practice found in relation to maintaining good team working relations, staff supervision, appraisal, staff training, staff meetings and monthly monitoring visits.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.2 Stated: First time To be completed by: 20 January 2019	The registered person shall ensure that a resident dependency assessment tool is used in order to confirm that staffing levels are safe in meeting the needs of residents accommodated. Ref: 6.4 Response by registered person detailing the actions taken: Additional advice was sought from the RQIA inspector (as per guidance in Standard 25.2, of the Residential Care Home Minimum Standards). From the beginning of January 2020 The Care Home Staffing Model (CHSM) has been used, which is effective.
Area for improvement 2 Ref: Standard 24.2 Stated: First time To be completed by: 31 December 2019	The registered person shall ensure that individual formal staff supervision for consistent agency staff is provided with records retained. Ref: 6.4 Response by registered person detailing the actions taken: Since 21.12.19 all agency staff have had supervision and have added comments such as 'I feel part of the team' and 'I am well supported'
Area for improvement 3 Ref: Standard 20.10 Stated: First time To be completed by: 31 December 2019 and ongoing	The registered person shall ensure that a record is made within accident/incident records retained of any action taken to address incident/events and audits undertaken. Ensure accident / incident records are retained in an orderly secure file. Ref: 6.4 Response by registered person detailing the actions taken: Since 5.12.19 an additional column has been added to the home managers monthly audit to ensure any actions required are followed through, with a summary of each action taken
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 31 December 2019 and ongoing	The registered person shall ensure that the behavioural support plans developed by the trust are reflected within the residents care plans. Ref: 6.5 Response by registered person detailing the actions taken: Since 6.12.19 the behavioural support plans developed by each Trust are more clearly part of and reflected on in the residents Home support plans.

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



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