

Unannounced Care Inspection Report 27 April 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

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Aaron House Residential Home took place on 27 April 2017 from 11.00 to 18.15.

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

Is care safe?

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

One recommendation was made in regard to maintaining staff supervision sessions on an up to date basis.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

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	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Isabella Harper, registered manager, as part of the inspection process. 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 QIP there were no further actions required to be taken following the most recent inspection on 18 October 2016.

2.0 Service details

Registered organisation/registered person: Presbyterian Board of Social Witness	Registered manager: Isabella Harper
Person in charge of the home at the time of inspection: Isabella Harper	Date manager registered: 1 March 2017
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: notifications submitted to RQIA since the previous care inspection, the previous inspection report and the returned Quality Improvement Plan.

During the inspection the inspector met with ten residents, three care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- 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, 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
- Selection of policies and procedures

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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 October 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 18 October 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 17 November 2016</p>	<p>The registered provider must ensure the risk assessments for two identified residents are reviewed and updated without delay. These should be revised whenever there is a change in the residents needs and in any case not less than annually.</p> <p>Action taken as confirmed during the inspection: The identified risk assessments had been reviewed and updated accordingly.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 15 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 November 2016</p>	<p>The registered provider must ensure that with regards to the use of the identified shower trolley by an identified resident, a full assessment is made by a suitably qualified or suitably trained person without delay.</p> <hr/> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and records available in the home confirmed that an assessment had been carried out accordingly.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 19 October 2016</p>	<p>The registered provider should ensure that storage of the additional equipment within the identified bedroom is improved upon.</p> <hr/> <p>Action taken as confirmed during the inspection: The equipment had been removed and stored elsewhere.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2016</p>	<p>The registered provider should ensure an audit is developed for use to ensure all relevant care records including care plans and risk assessments are reviewed and updated when any changes occur and in any case no less than annually.</p> <hr/> <p>Action taken as confirmed during the inspection: An auditing system was in place to review care records.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 18 November 2016</p>	<p>The registered provider should ensure the identified care plan is updated to ensure it is fully legible.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of the identified care plan confirmed that it had been updated accordingly.</p>	Met

4.3 Is care safe?

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. No concerns were raised regarding staffing levels during discussion with staff. The registered manager and staff

confirmed that staffing levels and breakdown were also adjusted accordingly depending on respite admissions to the home.

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

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of the staff supervision schedule showed gaps regarding supervision of care staff. A recommendation was made that all care staff should have formal supervision according to the homes procedures and no less than six monthly.

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.

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 by the registered manager for all staff prior to the commencement of employment. Personnel records 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 and procedure 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 the name of the champion and their picture was displayed on a poster in the home.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. A user friendly version was also available for residents in 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. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry systems, lap belts, 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.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager and examination of accident and incident records confirmed that when individual restraint was employed, the appropriate persons / bodies 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. COSHH, fire safety etc.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Staff training records confirmed that all staff had received training in infection prevention and control (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 27 May 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 30 March 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.

Sixteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- “Aaron House is a well maintained and good place to work. Training is provided and the staff team are always ready to assist each other.”
- “I have never had any reason to question any of the (care).”
- “I feel that staff are well trained and attend training courses on various things not just the mandatory training.”

Areas for improvement

One area for improvement was identified in relation to maintaining staff supervision sessions on an up to date basis.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Three care records were reviewed they included 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, falls, 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. The need to ensure discontinued information was identified and removed was discussed with the registered manager. 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 the resident’s representatives. Discussion with staff confirmed that a person centred approach underpinned practice for example resident’s 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. The audit of care plans and 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 observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. A significant number of residents in the home were observed to have limited verbal communication skills due to their diagnosis. Staff spoken to were aware of this and confirmed they recognise subtle changes in residents' presentation, and were aware of the non-verbal communication skills of residents.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals were timely and responsive to the needs of the residents.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "I feel fully involved in decisions relating to every aspect of my sisters care."
- "I feel that the care is person centred and the care plans are regularly reviewed and updated when needs be."
- "Needs of service users is of utmost importance to staff. Staff are aware of the importance of record keeping, a good relationship with professionals."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

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 observation and discussion with residents confirmed that residents' spiritual and cultural needs were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records.

Discussion with staff and residents 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 by ensuring information regarding residents care needs are shared with relevant professionals on a need to know basis.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Discussion with staff, 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 all 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 resident consultation included new furniture, changes with the doorbell and laundry processes.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example multi-sensory sessions and attendance at day centres. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Sixteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied

One resident commented:

- "I like it here, the staff are good."

Comments received from completed questionnaires were as follows:

- "My (relative) is totally dependent on staff. She has a good quality of life and is treated with great dignity and respect."
- "I think all the staff are very caring and passionate regarding the care they provide to residents."
- "I feel our residents are treated with the utmost respect and importance. Their needs, views care and treatment are always at the forefront."
- "Service users are treated with great respect by staff. Staff have a good relationship with service user's families who express their concerns on behalf of service users."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

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 quality improvement which included regular audits and satisfaction surveys.

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 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 meetings 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 RQIA Quality Improvement Plan (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.

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

Comments received from completed questionnaires were as follows:

- "The manager is a great asset to Aaron House and manages staff well. They are very approachable."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

Any issues 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 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/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment 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	
Recommendations	
Recommendation 1	The registered provider should ensure care staff have formal supervision according to the homes procedures and no less than six monthly.
Ref: Standard 24.2	
Stated: First time	Response by registered provider detailing the actions taken:
To be completed by: 27 May 2017	This has been communicated to senior staff team and they have been advised to arrange supervision for their key staff group. Has already commenced and recorded on schedule for some staff.

Please ensure this document is completed in full and returned via the web portal



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