



The Regulation and  
Quality Improvement  
Authority

# Unannounced Care Inspection Report

## 31 October 2018



## 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**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 16 beds that provides care for residents living with learning disabilities.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Linda May Wray	<b>Registered Manager:</b> Isabella Harper
<b>Person in charge at the time of inspection:</b> Isabella Harper	<b>Date manager registered:</b> 1 March 2017
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 16

### 4.0 Inspection summary

An unannounced care inspection took place on 31 October 2018 from 10.00 to 16.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment, induction, training, infection prevention and control, the home's environment, communication between residents, staff and other interested parties, the culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to the regular completion of annual appraisals and formal supervision for staff and to ensure a resident photograph is in place in an identified care record. One area for improvement has been stated for a second time this related to ensuring risk assessments are kept under continual review and kept up to date.

In keeping with their capabilities and level of understanding residents spoken with confirmed they were happy living in the home and their relations with staff. Observation of interactions between residents and staff showed residents were treated with dignity and respect.

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Details of the Quality Improvement Plan (QIP) were discussed with Isabella Harper, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 8 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager, six residents and five staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Five questionnaires were returned by residents and/ or residents' representatives.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- A sample of minutes of staff meetings from 2018
- Complaints and compliments records
- Audits of care plans, accidents and incidents (including falls), complaints
- Accident, incident, notifiable event records
- Annual Quality Review report
- Evaluation report from annual quality assurance survey 2017
- A sample of reports of visits by the registered provider undertaken during 2018
- Fire safety risk assessment

- Fire drill records for 2018
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in one area and partially met on one area.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 8 May 2018

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 8 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 29.4 <b>Stated:</b> First time	The registered person shall ensure all staff complete fire safety training at least twice every year.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records showed arrangements were in place for staff to complete fire safety training at least twice every year.	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.5 <b>Stated:</b> First time	The registered person shall ensure the risk assessments are kept under continual review and kept up to date.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of two care records were reviewed. It was evident that risk assessments were not up to date in one of the records viewed. This area for improvement has been stated for a second time.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The registered manager stated that the use of agency staff did not prevent residents from receiving continuity of care as repeat bookings were made to ensure greater consistency for residents. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home. The registered manager advised the home was currently in the process of recruiting new staff.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home on the day of the inspection and that planned staffing levels were adhered to.

A 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 questionnaires confirmed that mandatory training was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection. Information viewed regarding annual appraisal and supervision of staff showed there were omissions with regard to the completion of these. For example there was limited evidence of appraisals having been completed with care staff, recorded supervision was also below the minimum standard expected. This was identified as an area for improvement to comply with the standards.

Discussion with the registered manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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 any suspected, alleged or actual incidents of abuse were promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry system, lap belts and bed rails. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The registered manager was aware that when individual restraint was employed, that RQIA and appropriate persons/bodies must be informed.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), such as disposable gloves and aprons, was available throughout the home. 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 individualised 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 was 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.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly, for example, fire safety.

The home had a legionella risk assessment in place dated 2 November 2016, the registered manager confirmed plans were in place for this to be reviewed.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action was taken as necessary.

The registered manager provided confirmation that Lifting Operations and Lifting Equipment Regulations (LOLER) safety maintenance records were up to date.

The home had an up to date fire risk assessment in place, dated 8 May 2018, and recommendations had been actioned or were being addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 and/or monthly and were regularly maintained.

Five completed questionnaires were returned to RQIA from residents and/or residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

Two areas for improvement were identified during the inspection this related to the completion of annual appraisals and formal supervision for staff.

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



## 6.5 Is care effective?

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

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

Two care records were reviewed which included the residents' assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. One of the care records inspected did not contain a photograph of the resident; this was identified as an area for improvement to comply with the standards.

The care records reviewed also reflected the multi-professional input into the residents' health and social care needs. Care records were found to be updated regularly to reflect the changing needs of the individual residents. Care records also included user friendly hospital passports and communication passports which recorded relevant information, about the resident, to share with relevant healthcare professionals in the event of a hospital admission. This is good practice. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. One area for improvement was stated during the previous inspection relating to the regular review and updating of risk assessments this has been stated for a second time in the QIP appended to this report.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff shared how some residents prefer to spend quiet time alone, while others particularly enjoy music and interacting with the group.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

Discussion with the registered manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that there were no residents currently requiring wound care in the home but that they were able to recognise and respond to any pressure area damage observed on resident's skin and that referrals would be made to the multi-professional team regarding any areas of concern identified in a timely manner.

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. Audits of care plans, accidents and incidents including falls and complaints, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives, staff and other key stakeholders. These included pre-

admission information, multi-professional team care reviews, staff meetings and staff shift handovers. Minutes of staff meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Staff advised that they observed and listened closely to residents who have impaired communication skills to ensure they can best understand what the resident is communicating. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the visits by registered provider reports, latest RQIA inspection reports, annual satisfaction survey report, were available on request for residents, their representatives any other interested parties to read.

Five completed questionnaires were returned to RQIA from residents and/or residents' visitors/representatives. Four respondents described their level of satisfaction with this aspect of care as very satisfied and one as satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care reviews and communication between residents, staff and other interested parties.

**Areas for improvement**

One new area for improvement was identified during the inspection this related to ensuring the identified care record contained a recent photograph of the resident. One area for improvement has been stated for a second time this related to the review and updating of risk assessments.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

A range of policies and procedures was in place which supported the delivery of compassionate care.

The registered manager advised 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.

Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Interactions between residents and staff were observed to be warm and friendly. Residents were well presented and appeared relaxed in the environment. Staff described how they promoted residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with the registered manager and staff confirmed that residents' spiritual and cultural needs were met within the home. For example the home would have regular services for residents and their families and residents are also supported to attend local churches.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

Staff advised that a number of residents have significant communication difficulties to help with this communication passports and hospital passports have been devised for residents and staff confirmed they would be aware of non-verbal communication gestures used by residents.

Representatives were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example residents are supported to attend local day centres, participate in multi-sensory sessions and listen to music. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example there was a family fun day event during the summer, representatives are welcome to visit the home, staff shared that residents had enjoyed recent holidays to Portaferry.

Residents and staff spoken with during the inspection made the following comments:

- "I love it." (resident)
- "We are just like a wee family, it's a good place to work. The residents are loved, it's great." (staff)
- "It is the most pleasant care home I have worked in the staff just love the residents." (staff)

Five completed questionnaires were returned to RQIA from residents and/or residents' visitors/representatives. Four respondents described their level of satisfaction with this aspect of care as very satisfied one was satisfied.

Comments received from completed questionnaires were as follows:

- "Aaron House is like a family home for our daughter." (residents representative)
- "Aaron House should be used as an example of a centre of excellence. The layout, care, food, warmth and professionalism shown by the staff is exemplary. They project an image that "it is not just a job". (residents representative)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the home and stated that 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 Resident's Guide and information on display in the home. RQIA's complaint poster was available and displayed in the home.

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.

The home retains compliments received, for example, thank you letters and cards and there are systems in place to share these with staff.

A review of accident, incident and 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. The registered manager advised that learning from accidents and incidents was disseminated to all relevant parties.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents; for example swallow awareness and diabetes awareness.

A visit by the registered provider 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, RQIA and any other interested parties 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 stated that the registered provider was kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The registered manager reported 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 and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could, if required, access senior managers to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and/ or residents' visitors/representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### 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 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.

<b>Quality Improvement Plan</b>	
<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 5.5  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 November 2018	<p>The registered person shall ensure the risk assessments are kept under continual review and kept up to date.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Risk assessments are to be reviewed monthly and updated accordingly. Care records will be audited monthly by the HHome Manager.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 24.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2018	<p>The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Annual appraisals are currently being undertaken and will be completed by the year end.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 December 2018	<p>The registered person shall ensure staff had recorded individual, formal supervision according to the homes procedures and no less than every six months for staff who are performing satisfactorily.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The importance of regular supervision has been communicated to senior staff and all staff will have had supervision sessions by year end.</p>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 8.6  <b>Stated:</b> First time  <b>To be completed by:</b> 2 November 2018	<p>The registered person shall ensure the identified care record contains a recent photograph of the resident.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Photograph has been inserted in the identified care plan.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)