

# Unannounced Care Inspection Report 17 May 2018



## Adelaide House

**Type of Service: Residential Care Home**  
**Address: 24-26 Adelaide Park, Belfast, BT9 6FX**  
**Tel No: 028 9066 9362**  
**Inspector: Patricia Galbraith**

[www.rqia.org.uk](http://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.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide care and accommodation for persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Board of Social Witness  <b>Responsible Individual:</b> Mrs Linda Wray	<b>Registered Manager:</b> Mrs Norma Picking
<b>Person in charge at the time of inspection:</b> Laureen Magill, deputy manager	<b>Date manager registered:</b> 22 October 2014
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category DE – Dementia MP (E) – Mental disorder excluding learning disability or dementia – over 65 years	<b>Number of registered places:</b> 45 comprising: 45 – RC – I 8 existing residents only in DE category of care 1 existing resident in MP (E) category of care.  The home is also approved to provide care on a day basis only to 1 person.

### 4.0 Inspection summary

An unannounced care inspection took place on 17 May 2017 from 11.15 to 17.00.

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 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, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Laureen Magill, deputy 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

No further actions were required to be taken following the most recent inspection on 16 January 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, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the deputy manager twenty two residents, six staff, two visiting professionals and two residents' visitors/representatives.

A total of ten 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. Four questionnaires were returned by residents within the agreed timescale.

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 staff files
- Four residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering, Infection Prevention and Control (IPC), NISCC registration
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings/ representatives' meetings/ other
- Evaluation report from annual quality assurance survey
- Reports of visits by the registered provider
- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements

- Programme of activities
- Policies and procedures

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 25 April 2018

The most recent inspection of the home was an unannounced medicines management inspection. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 16 January 2018

There were no areas for improvements made as a result of the last care inspection.

## 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 deputy manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in the home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

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

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

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

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the deputy manager and review of staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The deputy manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This 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. 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 and had an awareness of child protection issues. 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 deputy 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 deputy 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. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The deputy manager advised there were restrictive practices within the home, notably the use of locked doors, keypad entry systems, lap belts, management of smoking materials etc. In the care records examined the restrictions were appropriately assessed, documented, minimised



and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose and residents' guide.

There was an Infection Prevention and Control (IPC) policy and procedure in place which was in line with regional guidelines. 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), e.g. 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.

IPC compliance audits in relation to hand hygiene PPE and the environment were undertaken and action plans developed to address any deficits noted.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The deputy manager reported that they were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

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. The dining room had been redecorated and new flooring put in place. The residents reported they liked the new décor. Residents' rooms were individualised and had personal possessions in them.

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. No malodours were detected in the home.

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

The home had an up to date Legionella risk assessment in place dated 5 October 2017 and all recommendations had been actioned.

It was established that residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plans had not been completed in relation to smoking. The assessment needs to take account of contributing factors pertaining to the risk

such as medical condition) and subsequent prescribed interventions, as well as current safety guidance.

The deputy 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 as necessary.

Discussion with the deputy manager and review of Lifting Operations and Lifting Equipment Regulations (LOLER) records confirmed that safety maintenance records were up to date.

The home had an up to date fire risk assessment in place dated 9 November 2017 all recommendations had been actioned.

Review of staff training records showed not all staff had completed fire safety training twice annually. This was identified as an area of improvement. 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 monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- "I love living here."
- "I feel safe here."

### Areas of good practice

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

### Areas for improvement

An area of improvement was identified in relation to fire training.

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



## 6.5 Is care effective?

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

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

There was a records management policy in place which includes the arrangements for the creation, storage, maintenance and disposal of records. Records were stored safely and securely in line with data protection. A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date 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, nutrition, 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. 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 and/or their representative. An individual agreement setting out the terms of residency was in place and appropriately signed.

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, one resident liked to go out for walks and get the paper and staff ensured that this took place.

A varied and nutritious diet is provided which meets the individual and recorded dietary needs and preferences of the residents. Residents were given a choice of food and could change this at mealtime if they preferred something else. Systems are in place to regularly record residents' weights and any significant changes in weight are responded appropriately. There are arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT are reflected within the individual resident's care plans and associated risk assessments.

Discussion with the deputy manager and staff confirmed that wound care is managed by community nursing services. Staff advised that they were able to recognise and respond to pressure area damage. Referrals were made to the multi-professional team to areas any concerns identified in a timely manner. Resident's wound pain was found to be managed appropriately.

The deputy 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 risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering 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.

The manager advised 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, residents’ meetings, staff meetings and staff shift handovers. Staff reported that they had received training in communication/customer care. Minutes of staff meetings and resident and/or their representative meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the deputy 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 and Resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

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

The deputy manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Four completed questionnaires were returned to RQIA from residents. 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 care records, audits and reviews, communication between residents, staff and other interested parties.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 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 deputy 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.

The deputy manager, residents and/or their representatives advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. For example staff ensured they passed information about residents in a discreet manner in the office.

Discussion with staff, residents and their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. 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, for example, care plans were in place for the identification and management of pain, falls, infection, nutrition, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with staff, residents, representatives 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. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Discussion with staff, residents, and/or their representatives, 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 and staff were organising a morning breakfast for the royal wedding and residents had received a personal invitation to the event. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example, residents had gone out shopping and residents were able to go out individually if they wanted to with a care worker. The staff organised a memorial service in the home for a resident whose spouse had passed away and they were unable to attend the church service. Residents and staff all attended the service in the home.

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents were as follows:

- "Staff are great they are always about and very helpful."
- "Nothing is a bother they are always about."
- "Staff go over and above their duty."
- "It's a happy place to live in. "
- "I was living on my own needed help feel safe here."

## 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 deputy 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. The deputy manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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. Discussion with staff confirmed that they were knowledgeable about how to respond to complaints. 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. The records showed there had been no complaints since the last inspection.

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

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these 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 deputy manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement.

Discussion with the deputy 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.

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. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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 deputy manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The deputy manager advised that any changes to the management structure of the home or registered persons will be managed to minimise any adverse effects on the home or the residents accommodated.

The deputy 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 deputy manager advised that staff could also access line management 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.

The deputy manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Four completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as satisfied.

Comments received from residents and staff were as follows:

- “The manager is always about.” (resident)
- “The manager is great always planning things to do.” (resident)
- “The team here is great and so supportive” (staff)
- “We all work well together for the residents.” (staff)

### 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 Laureen Magill, deputy 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 August 2018</p>	<p>The registered person shall ensure all staff have fire training at least twice a year.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Fire training took place on 3<sup>rd</sup> July 2018 and another training is scheduled for the 25<sup>th</sup> of July 2018. Another training to be scheduled for November 2018 .</p>

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



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