

Unannounced Care Inspection Report 16 August 2016



80 Malone Road

Type of service: Residential care home
Address: 80 Malone Road, Belfast, BT9 5BU
Tel No: 028 9504 0370
Inspector: Alice McTavish

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 80 Malone Road took place on 16 August 2016 from 09.30 to 16.35.

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 induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. Two recommendations were made. One recommendation related to the development of a more robust system to provide better oversight of the areas of mandatory training, annual staff appraisals and staff supervision. One recommendation related to the completion of Personal Emergency Evacuation Plan (PEEPs) for residents who are placed in the home under an emergency arrangement.

Is care effective?

There were examples 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 best 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. 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. A recommendation was made that the identity of individual residents is protected within the monthly monitoring visit reports through the use of the unique identifier.

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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Vanessa Grattan, acting manager and Ann Campbell, operations 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 21 October 2015.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust/Martin Joseph Dillion	Registered manager: Vanessa Grattan (Acting)
Person in charge of the home at the time of inspection: Vanessa Grattan (Acting)	Date manager registered: Vanessa Grattan, acting manager since 1 November 2015
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 14

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents, the acting manager, seven care staff and one resident's visitors/representative. The trust operations manager was present for feedback at the end of inspection.

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
- Care files of three residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors
- Policies and procedures manual

A total of 19 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 January 2016

The most recent inspection of the home was a finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 October 2016

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: First time To be completed by: 1 February 2016	<p>The registered person should ensure that a policy and procedure is developed in the area of continence management which reflects current best practice guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and operations manager identified that the trust was aware of the need to develop a policy and procedure in the area of continence management which reflects current best practice guidance; this was in progress. In the interim, local guidance had been developed for use in residential care settings.</p>	Met

4.3 Is care safe?

The acting 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 residents, residents' representatives and staff.

On the day of inspection the following staff were on duty:

- 1 x acting manager
- 2 x residential workers
- 2 x care assistants
- 2 x housekeepers
- 1 x laundry assistant
- 1 x student nurse, on placement

Two residential workers and two care assistants were due to be on duty later in the day. One residential worker and two care assistants were scheduled to be on overnight duty.

Review of completed induction records and discussion with the acting 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 appraisal of staff was regularly provided. The acting manager maintained a system to ensure that mandatory training, annual staff appraisals and staff supervision was completed. A recommendation was made, however, that a more robust system should be put in place to provide better oversight of these areas.

The acting 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. The acting manager advised that competency and capability assessments were undertaken annually for those staff members who had responsibility for administering medications. A sample of staff competency and capability assessments was reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the acting 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. The acting manager advised that the trust viewed Enhanced Access NI disclosures for all staff prior to the commencement of employment and that the acting manager received confirmation of this. Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The acting manager advised that the adult safeguarding policies and procedures were being updated to reflect the most up to date regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). The current policy and procedures contained definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The acting manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion.

Discussion with staff confirmed that they were aware of the new regional guidance and a copy was available for staff within 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 acting manager 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting 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. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The acting manager confirmed there were restrictive practices employed within the home, notably locked doors, wheelchair lap belts and harnesses, bed rails for some residents and, for one resident, a bespoke bed which was fitted with high Perspex sides. Discussion with the acting manager established that the locked external doors were for security only, also that any restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The acting manager confirmed there were risk management policies and procedures in place. Discussion with the acting 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. The Trust also maintained the Belfast Risk Assessment and Audit Tool (BRAAT) which identified risks and ensured that they were effectively managed.

The acting manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment and examination of maintenance records confirmed that this was so.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The acting manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust 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, including those with sensory impairments. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

Inspection of documentation identified that only the report of the fire risk assessment dated January 2015 was present in the home. The operations manager later made a copy of the most recent fire safety risk assessment, dated January 2016, available via email. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed in February and July of 2016. Records were retained of staff who participated

and any learning outcomes. Fire safety records identified that fire alarm systems were checked weekly and that fire-fighting equipment, emergency lighting and means of escape were checked monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place. It was noted, however, that PEEPs had not been completed for one resident who was recently placed under an emergency arrangement. A recommendation was made in this regard.

Areas for improvement

Two areas for improvement were identified. One area related to a more robust system to provide better oversight of the areas of mandatory training, annual staff appraisals and staff supervision. One area related to the completion of Personal Emergency Evacuation Plan (PEEPs) for residents who are placed in the home under an emergency arrangement.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

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

A review of three 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 regular statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Records were stored safely and securely in line with data protection.

The acting 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. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering were undertaken and 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 acting 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 acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

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 acting manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents who required specialist supports.

Areas for improvement

There were no areas identified for improvement.

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

The acting manager confirmed that staff in the home promoted a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There was a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with a resident confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The acting manager and a resident confirmed that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected. This was achieved through conducting private conversations in a discreet manner and through storage of records in an appropriate manner.

Discussion with staff, residents, and a representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. 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 provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

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, residents were consulted with, at least annually, about the quality of care and environment. The acting manager advised that findings from the latest consultation were being received and would be collated into a summary report and this would be made available in the home for

residents and other interested parties to read. The responses received to date indicated a high level of satisfaction with the care and services provided by the home.

Residents spoken with during the inspection made the following comments:

- “I like it here. They (staff) are kind to me and help me. I go to work during the week and I also go out on trips and outings which is good fun.”
- “This is my first time here and I like it so far. They are helpful and supportive.”
- “They have been good to me here.”

A resident’s representative commented:

- “I am very happy with the care in 80 Malone Road. Everyone from the manager down is wonderful and they provide great care for my (relative). They keep in good contact with me and let me know if anything happens. This means that I can take a break knowing that (my relative) is in good hands. I couldn’t praise the staff highly enough.”

There was evidence that the attitude and approach of the home’s management and staff team provided excellent compassionate care to residents and to their families. For example, staff built strong relationships with the elderly parents of residents and when parents became ill and were unable to visit the home regularly, staff members visited parents often; this ensured that parents could be kept up to date with residents’ progress in the home and provided reassurance and comfort to parents. When long term residents of the home became ill, staff accompanied residents and families to hospital appointments to offer practical and emotional support. After residents died, some families made gifts (e.g. an engraved flower vase) to the home in appreciation of the care the residents had received. Families also continued to maintain contact with the staff and residents in 80 Malone Road. Such examples of compassionate care which delivered positive outcomes for residents and residents’ families were to be commended.

Areas for improvement

There were no areas identified for improvement.

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

The acting manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The acting manager confirmed that the health and social care 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. 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 DHSSPS guidance on complaints handling. Residents and/or their

representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints and that the management of complaints was discussed during a recent staff meeting.

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. An audit of complaints was used to identify trends and to enhance service provision.

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 relevant organisations. The home had very few accidents/incidents. The acting manager advised that she had identified through audit that staff had not been fully aware of which events were notifiable to RQIA. This issue was addressed with staff members in individual supervision and all accidents/incidents/notifiable events were now being reported to RQIA. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The Falls Prevention Toolkit was discussed with the acting manager and advice given on how to implement this.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the acting 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, dementia awareness, mental health awareness, peg feeding, epilepsy awareness and emergency treatment of seizures using Buccal Midazolam, dysphagia awareness, diabetes awareness.

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. It was noted, however, that the monthly monitoring reports for January 2016 and June 2016 were not available in the home. The operations manager later confirmed that the monthly monitoring visits had been completed but that they were wrongly dated. The operations manager further confirmed that this issue was since addressed. It was also noted that in one report, the names of residents were specified. A recommendation was made that the identity of individual residents should be protected within the monthly monitoring visit reports through the use of the unique identifier.

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 acting manager confirmed that the operations manager was kept informed regarding the day to day running of the home through regular visits, telephone and email contact and in monthly supervision.

The acting manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider respond to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The acting manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The acting manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. Residents were informed of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The acting 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.

In discussion with the acting manager it was established that some posts for care staff were not filled and this resulted in increased reliance on the use of agency and bank care staff and on staff members completing additional shifts. In order to ensure that agency and bank staff were completing duties to a high standard, it was necessary for the acting manager to spend more time away from her managerial duties; it was felt that this had had an inevitable adverse impact on the quality of management and leadership within the home. In discussion with the operations manager at the conclusion of the inspection, it was acknowledged that there were deficits in the overall management arrangements in the home, however there was a recruitment drive to appoint a permanent registered manager for the home.

Areas for improvement

One area for improvement was identified. A recommendation was made that the identity of individual residents should be protected within the monthly monitoring visit reports through the use of the unique identifier.

Number of requirements:	0	Number of recommendations:	1
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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 Vanessa Grattan, acting manager and Ann Campbell, operations 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 the 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 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 to care.team@rqia.org.uk 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

<p>Recommendation 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 25 October 2016</p>	<p>The registered provider should ensure that a more robust system is put in place to provide better oversight of the areas of mandatory training, annual staff appraisals and staff supervision.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation individual staff personal records for training, supervision and annual staff appraisal is available for each member of staff and held securely. A proforma is maintained to show dates when supervision, annual appraisals and training are due for each member of staff and date of completion. This proforma is displayed in the managers office.</p>
<p>Recommendation 2</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that a Personal Emergency Evacuation Plan (PEEPs) is completed for all residents who are placed in the home under emergency arrangements.</p>
	<p>Response by registered provider detailing the actions taken: In response to this recommendation a PEEPS will be completed on admission for all service users who are placed in the home under emergency arrangements.</p>
<p>Recommendation 3</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that the identity of individual residents is protected within the monthly monitoring visit reports through the use of the unique identifier.</p>
	<p>Response by registered provider detailing the actions taken: The monthly monitoring report will be checked to ensure that only unique identifier is used before being displayed.</p>

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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