

Unannounced Care Inspection Report 19 January 2017



611 Ormeau Road

Type of service: Residential care home
Address: 611 Ormeau Road
Belfast
BT7 3JD
Tel No: 028 9504 0583
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 611 Ormeau Road Residential Home took place on 19 January 2017 from 10.00 to 16.30.

The inspection sought to assess progress with any issues raised 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 and risk management.

One requirement was made in regard to fire safety checks. One recommendation was made in regard to the home's environment.

Is care effective?

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

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

Is care compassionate?

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

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

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Jacqueline Grant, acting 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

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Belfast Health and Social Care Trust / Martin Dillon	Registered manager: Mrs Josephine Grant (Registration Pending)
Person in charge of the home at the time of inspection: Mr Gavin Wilson, residential worker until 12.30; Mrs Josephine Grant from 12.30	Date manager registered: N/A
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 13

3.0 Methods/processes

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

During the inspection the inspector met with six residents, a residential worker, a support worker and the acting manager. The trust's operations manager, who had line management responsibility for the home, was present during part of the inspection. No visiting professionals or residents' representatives were present.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training records

- Care files of three residents
- The home's Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Policies and procedures manual

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. 16 questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 20 May 2016

The most recent inspection of the home was an unannounced care inspection. No requirements or recommendations were made.

4.2 Review of requirements and recommendations from the last care inspection dated 20 May 2016

There were no requirements or recommendations made as a result of the last care inspection.

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. Whilst no concerns were raised by residents regarding staffing levels, staff stated that over recent months there had been unforeseen circumstances leading to increased pressures on staff. Staff advised that there had been more reliance on trust bank staff but that bank staff were already familiar with the care needs of the residents and the running of the home. There was also some use of an agency staff member who had shadowed home staff before taking up duties in the home.

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

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. The acting manager, who was only recently appointed to the post, advised that she was in the process of completing

induction and that all aspects of preparation for the role of manager were adequately covered within the programme of induction.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for staff supervision was maintained and was reviewed during the inspection. The acting manager confirmed that staff training was up to date and that current annual staff appraisals were up to date and a schedule for the next appraisals was being developed.

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. A sample of completed staff competency and capability assessments was reviewed during the last care inspection and was found to be satisfactory. The acting manager advised that she intended to revisit such assessments as part of annual staff appraisals and staff supervisions.

Review of the recruitment and selection policy and procedure at the last care inspection confirmed that it complied with current legislation and best practice. This document was unchanged. Discussion with the acting manager confirmed that staff continued to be 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. Enhanced AccessNI disclosures were viewed by the trust for all staff prior to the commencement of employment and that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable) and it was also to be a regular agenda item in both staff supervision and staff team meetings. In addition, the trust alerted the acting manager of any impending lapses of registration so that this could be addressed immediately with staff.

Discussion with the acting manager and the assistant services manager identified that the adult safeguarding policy and procedure had been reviewed and was to come into effect in April 2017. This would make it consistent with the current regional guidance and would include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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, 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 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.

A review of policy and procedure on restrictive practice/behaviours which challenge during the last care inspection confirmed that this 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). This policy document was unchanged.

The acting manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

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

Staff confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Review of the infection prevention and control (IPC) policy and procedure during the last care inspection confirmed that this was in line with regional guidelines. This policy was unchanged. Staff confirmed that they had received training in IPC in line with their roles and responsibilities and that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The 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.

Some areas of the environment, however, were found to be in need of attention. Some freestanding wardrobes were unsecured to the wall and may be at risk of toppling; toilet rolls were uncovered in communal bathrooms; there were indications of water damage to the wall in a downstairs toilet; a wall in the large lounge was damaged; there was an area of damage to an area of the wallpaper in one identified bedroom. The assistant services manager and the acting manager gave verbal assurances that these issues would be addressed as a matter of urgency. A recommendation was made in regard to the environment.

The home had an up to date fire risk assessment in place dated 28 July 2016 and all recommendations were noted to be appropriately addressed.

Review of fire safety records confirmed that regular fire drills were completed and the last drill took place on 10 August 2016. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape had been checked weekly until August or September 2016 but that such checks had not been undertaken since that time. A requirement was made in this regard.

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

Comments received from residents were as follows:

- “Staff are good, do my laundry.”
- “I like my room.”
- “I feel safe with staff.”
- “I am very pleased with everything.”
- “I am very safe in 611.”
- “I like the staff. They help me.”
- “The carpet is stinking. Need more staff on – they are off sick. I want to live with my parents.”

A comment received from a resident’s representatives was as follows:

- “My (relative) is in 611 Ormeau Road. She is happy and well looked after. She also is very happy and fond of staff. She loves company.”

A comment received from a staff member was as follows:

- “Staff always get supervision to see if they are happy with things or have any issues to discuss. We are sent on training to keep us up to speed with all aspects of care.”

Areas for improvement

Two areas for improvement were identified. One requirement was made in regard to fire safety checks. One recommendation was made in regard to the home’s environment.

Number of requirements	1	Number of recommendations	1
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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 the care records of three residents 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 statement of health and well-being of the resident.

Care needs assessment and risk assessments (e.g. manual handling, 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. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. 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 would be completed as part of the duties of the acting manager and any improvements would be incorporated into practice.

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, residents' meetings, staff meetings and staff shift handovers. The inspector took the opportunity to observe a staff shift handover. It was evident that staff were very familiar with the care needs and preferences of residents and that effective communication was used for the benefit of residents. The acting manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

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. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

Comments received from residents were as follows:

"Staff are good, make my breakfast. I can talk to staff when I am worried and I have my family."

"Staff always talk to me."

"The staff help me and explain things to me."

"Staff look after me and they are very friendly."

"The staff help me. There are too many residents in 611."

Comments received from residents' representatives were as follows:

- "I don't drive, but staff are on the phone letting me know any problems with (my relative)."

- “Representatives of service users have been invited on an annual basis for health, care and wellbeing reviews. Ongoing care and concerns are dealt with as they arise.”

A comment received from a staff member was as follows:

- “Care plans are in place for each service user and are amended when changes need to be made due to care needs changing. (Service users) all have social workers who are there to help (residents)... staff meetings are done on a regular basis.”

Areas for improvement

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

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

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

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

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. An example of this was that the Resident’s Guide was provided in an easy read version.

The acting manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected, for example, through ensuring that care records were securely stored and that staff handover meetings could not be overheard by residents.

The acting manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff. There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. There were residents’ meetings and residents were encouraged to participate in the annual care reviews.

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

Discussion with staff and residents and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home had access to a bus at weekends and in the evenings and residents could choose where to go on outings. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I’m doing well. I like it here. They (staff) are good to me.”
- “All is good.”

16 completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident was as follows:

- “Every month we have a residents meeting to discuss things.”

A comment received from a resident’s representative was as follows:

- “(My relative) can’t speak properly, but she can let you know what she wants. I know she’s happy as she has her own way of letting you know.”

A comment received from a staff member was as follows:

- “Service users are treated with dignity and respect at all times. All their (service users’) information is private, they have a residents meeting once a month and have the opportunity to have their say in the way things are done.”

Areas for improvement

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

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

The 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 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 Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters and leaflets in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. No complaints had been received since the last care inspection. The acting manager confirmed that, should complaint be more regularly received, an audit of complaints would be 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 RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the assistant services manager and the acting manager identified that they had understanding of their role and responsibilities under the legislation. The acting manager confirmed that her line manager was kept informed regarding the day to day running of the home.

The acting manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within any returned RQIA Quality Improvement Plans (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 and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

16 completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

Comments received from residents were as follows:

- “When my tooth broke, staff took me to a dentist.”
- “I talk to the staff about any concerns I may have.”
- “There is a new boss. If I am worried I will talk to staff.”

Comments received from residents’ representatives were as follows:

- “The home would let me know any changes. They phone me...they keep me up with wellbeing of (my relative). Just last year (my relative) was in and out of hospitals...staff and myself took alternative days visiting. It’s like a big family.”
- “We have not yet been able to meet the new manager who has been appointed recently. We feel that the services have been led to an excellent standard and hope this will continue.”

A comment received from a staff member was as follows:

- “Policies and procedures are in place for staff to look at when needed, any queries and we go to management to have our questions answered.”

Areas for improvement

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

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Jacqueline Grant, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via the web portal for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27.- (4)
(d) (v)

Stated: First time

To be completed by:
31 January 2017

The registered provider must ensure that all regular fire safety checks are completed.

Response by registered provider detailing the actions taken:

In response to this requirement the registered provider has ensured that fire safety checks have been completed weekly and a record is maintained. A system to ensure weekly fire checks are completed is in place and monitored by the registered manager.

Recommendations

Recommendation 1

Ref: Standard 27.1

Stated: First time

To be completed by:
31 March 2017

The registered provider should ensure the following;

- an audit is undertaken of all freestanding wardrobes and appropriate action taken to reduce the risk of toppling
- enclosed and wipeable toilet rolls covers are provided in communal bathrooms
- water damage to the wall in a downstairs toilet is investigated and made good and the room redecorated
- the damage to the wall in the large lounge is repaired and redecorated
- the area of damage to the wallpaper in the identified bedroom is repaired and redecoration is carried out, if necessary

Response by registered provider detailing the actions taken:

In response to this recommendation an audit of all freestanding wardrobes has been completed, a record is available. Estates have been requested to secure all wardrobes to the wall.

Toilet roll covers have been ordered and have been delivered. Awaiting estates to install.

Painting requirement for large lounge, downstairs toilet and wallpaper in a bedroom has been requested.

Estates have surveyed the down stairs toilet, however no damp has been detected but decoration required. This has been requested.

All works to be completed within the timescale set by RQIA. (31st March 2017)

****Please ensure this document is completed in full and returned via the webportal****



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