

Unannounced Care Inspection Report 28 July 2016



Guardian

Type of service: Residential care home
Address: 28 Moor Road, Coalisland, Dungannon, BT71 4QB
Tel No: 02887746361
Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Guardian Residential Home took place on 28 July 2016 from 10:00 to 16:30.

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

Is care safe?

One recommendation was made in regards to reviewing and updating the homes policy and procedure in relation to adult safeguarding. Examples of good practice included staff induction, training, supervision and appraisal, and infection prevention and control procedures.

Is care effective?

Two recommendations were made in regards to ensuring care records included current and relevant information and also to ensure consent is obtained prior to using photographs of residents. There were examples of good practice found throughout the inspection in relation to care records, multi-disciplinary working and reviews, communication between staff and other key stakeholders.

Is care compassionate?

Some examples of good practice found throughout the inspection were in relation to the culture and ethos of the home, listening to and valuing residents and taking into account the views of residents. No requirements or recommendations were made in relation to this domain.

Is the service well led?

No requirements or recommendations were made in relation to this domain. Some examples of good practice include governance arrangements, management of complaints, quality improvement initiatives and good working relationships.

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 Jacqueline Ryan, Registered Manager / provider 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 05/01/16.

2.0 Service details

Registered organisation/registered person: Guardian Day Care and Residential Care	Registered manager: Mrs Jacqueline Ryan
Person in charge of the home at the time of inspection:	Date manager registered: 13 January 2009
Categories of care: I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 5

3.0 Methods/processes

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

During the inspection the inspector met with five residents, two care staff, one resident's visitor/representative and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Three Staff recruitment files
- Two resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report

- Minutes of recent residents’ meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Relevant policies and procedures

A total of 14 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Three questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 05/01/16

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 05/01/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.6 Stated: First time To be completed by: 5 March 2015	The registered manager should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered, to reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.	Met
	Action taken as confirmed during the inspection: The views and opinions of residents and representatives were sought at least annually. A report was made available reflecting information gathered, comments made, issues raised and any actions to be taken for improvement. The registered manager confirmed a copy of the report would be made available to residents and their representatives	

Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 5 February 2015	The registered manager should ensure that the care plan for the identified resident should be made more specific in relation to managing the identified condition.	Met
	Action taken as confirmed during the inspection: Review of the care plan confirmed that it had been updated to specifically reflect how to manage the identified condition.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representative and staff.

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

- Registered manager x 1
- 2 x Care assistants

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

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of three 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 registered manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

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

The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home. A recommendation was made that the homes policy and procedure should be reviewed and updated to reflect the new regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015. The adult safeguarding policies and procedures should 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.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff. The registered manager was advised to ensure the procedure is clearly displayed for staff in an accessible area. Discussion with two staff members showed that they were unclear about onward reporting arrangements. Staff were aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no recent safeguarding incidents. The registered manager was aware of the need to report all suspected, alleged or actual incidents of abuse to the relevant persons and agencies for investigation in accordance with procedures and legislation; the registered manager confirmed written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission. 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 registered manager confirmed that restrictive practices were employed within the home, notably a keypad entry system. Discussion with the registered manager regarding the use of the key pad system confirmed this had been appropriately assessed, documented, minimised and reviewed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety.

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

Staff training records confirmed that all staff had received training in 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 registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public health agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The registered manager confirmed the most recent fire safety risk assessment was completed on 27 July 2016, the day before the inspection. Records available in the home confirmed this. The report was therefore not available. The registered manager confirmed any recommendations would be appropriately addressed. The fire safety risk assessment shall be reviewed during the next care inspection.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 16 July 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 were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

One resident's representative and one staff member commented:

- We are very happy with the safety of (our relative).
- There is enough staff on duty to ensure the home is a safe environment for them. We have training to ensure the home is safe with staff being responsible.

Areas for improvement

There was one area identified for improvement, this related to the review and updating of the homes safeguarding policy and procedure.

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

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

A review of two 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. It was noted however from one of the care records inspected that there were three different falls risks assessments included, which had been updated as the resident's needs changed. This issue was discussed with the registered manager who was advised to ensure all information included was current and relevant thus to avoid confusing the reader.

A recommendation was made. The care records reflected the multi-professional input into the resident's health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The registered manager confirmed that care reviews had been completed within the home, for the identified residents, with input from the residents themselves and their representatives. The registered manager confirmed there had been some delays with the referring Trust maintaining care reviews on an up to date basis. The registered manager confirmed dates had been arranged by the referring Trust for the reviews to take place in August 2016.

Discussion with staff confirmed that a person centred approach underpinned practice. For example staff spoke about the individual preference of residents in the home including activities, music, rising and retiring times.

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 registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals for example information reviewed included records, accidents, complaints. Evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative 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 available for inspection. It was noted in records maintained in the home that the meetings were to be held weekly, however in recent months these had been occurring on a more irregular basis. This issue was discussed with the registered manager who confirmed that she would address this issue with staff. A recommendation was made that consent should be gained from residents prior to using their photographs as these were found to be on prominent display in the home.

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.

Three completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents were satisfied with the care provided.

One resident’s representative and two staff members commented:

- The staff are very caring and helpful and always seem on top of my (relatives) care requirement
- We have compulsory staff training to ensure that the residents are getting the best care provided
- The residents are all very well cared for in Guardian

Areas for improvement

Two areas for improvement were identified in relation to ensuring information included in care records is current and relevant and also to ensure residents consent is obtained prior to using their photographs.

Number of requirements:	0	Number of recommendations:	2
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff, residents and one representative confirmed that residents’ spiritual and cultural needs, were met within the home.

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, 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 demonstrate how residents’ confidentiality was protected. For example staff were aware of where not to share personal information about residents.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example one resident in particular likes to listen to music on a daily basis. Another resident likes to read the daily newspapers. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, one representative and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example residents are asked to complete a questionnaire at least annually, and have the opportunity to share their views at residents meetings.

Although as stated earlier there had been some occasions when they did not occur on a weekly basis which is the policy for the home. The registered manager confirmed that because of the small number of residents in the home their views and opinions are constantly taken account of on a daily basis.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them.

Three completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents were satisfied with the care provided.

Comments received from residents, representatives and staff were as follows:

- “The food is lovely, they are all great I can’t complain.”
- “I like it here alright, the staff are good”
- “I would have no complaints at all. Everyone is very good. We are kept informed if there are any changes in (relatives) condition”
- The staff have great time for my (relative) and go out of their way to make him/her comfortable and happy
- We listen to any concerns our residents have or any worries they may have and always ensure that they get reassurance

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 registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice.

The 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 were 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, the registered manager was advised to make an amendment to this regarding information about the role of RQIA. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide. 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.

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

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 registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents including for example moving and handling, stoma care.

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. Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

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 registered provider identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

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

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Three completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents were satisfied with the care provided.

One resident's representative and two staff members commented:

- The management of the home are very helpful and keep us informed regularly of my (relative) health, eating and overall wellbeing. They answer any queries quickly and have been a great help.
- All staff are listened to as well as our residents, shifts are shared evenly throughout the week and we have a routine every day.
- Staff very competent with their duties, ably led by home manager.

Areas for improvement

There were no areas identified for improvement.

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 Ryan, Registered Manager/ Provider 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 16.1</p> <p>Stated: First time</p> <p>To be completed by: 28 October 2016</p>	<p>The registered provider should ensure the adult safeguarding policy and procedure is reviewed and updated to 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.</p> <p>Response by registered provider detailing the actions taken: The adult safeguarding policy and procedure has been reviewed and updated to include all of the above.</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2016</p>	<p>The registered provider should ensure all information included in the identified care record is current and relevant thus to avoid confusing the reader.</p> <p>Response by registered provider detailing the actions taken: All information included in the identified care record has been updated and is current.</p>
<p>Recommendation 3</p> <p>Ref: Standard 7</p> <p>Stated: First time</p> <p>To be completed by: 28 August 2016</p>	<p>The registered provider should ensure consent be gained from residents prior to using their photographs.</p> <p>Response by registered provider detailing the actions taken: Consent has been gained for residents photographs.</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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