

Unannounced Care Inspection Report

20 September 2016



Beechway House

Type of service: Residential Care Home

Address: Shepherds Way, Dungiven Road, Londonderry, BT47 2AL

Tel No: 028 7131 2627

Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Beechway House took place on 20 September 2016 from 10.30 to 16.00.

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 and risk management.

Two areas for improvement were identified. A requirement was made to ensure that competency and capability assessments are 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.

One recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Is care effective?

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

One recommendation was made for the second time to ensure that a robust system is implemented for the review of residents' assessments.

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 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	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Delma Mc Curry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 16 August 2016.

2.0 Service details

Registered organisation/registered person: Apex Housing Association	Registered manager: Delma Mc Curry
Person in charge of the home at the time of inspection: Delma Mc Curry	Date manager registered: 8 September 2011
Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan and the accident/incident notifications.

During the inspection the inspector met with eight residents, two members of the care staff 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
- Staff training schedule/records

- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Minutes of residents meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedure on adult safeguarding.

A total of 13 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 August 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) (a) Stated: First time To be Completed by: 10 April 2016	The registered person must ensure that an updated fire safety risk assessment is undertaken.	Met
	Action taken as confirmed during the inspection: An inspection of the fire safety records confirmed that a fire safety risk assessment was in place dated 26 March 2016.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 20.2 Stated: First time To be Completed by: 10 May 2016	The registered person should ensure that a robust system is implemented for the review of residents' assessments, care plans and risk assessments.	Partially Met
	Action taken as confirmed during the inspection: An inspection of care records confirmed that care plans and risk assessments were reviewed and up to date. However two of the assessments inspected had not been reviewed. This element of the recommendation will be stated for the second time.	

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 and staff.

Review of one completed induction record 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 confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, 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 completed in regard to the management of medication. However an assessment was not 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. A requirement was made to ensure that competency and capability assessments are 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.

Discussion with the registered 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.

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

The adult safeguarding policy and procedure included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The registered manager and staff have devised a 'safe tree.' This was displayed on a notice board to raise awareness of adult safeguarding. The staff and residents had made pledges to highlight their commitment to adult safeguarding and these were hanging from the safe tree. This is to be commended.

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. Risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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 infection prevention and control (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 in bathrooms.

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. The home is currently undergoing building work. The registered manager reported that staff undertake additional cleaning duties to ensure an adequate standard of cleanliness is maintained on a daily basis.

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

The home had an up to date fire risk assessment in place dated 26 March 2016 and all recommendations were noted to be appropriately addressed. The registered manager confirmed that the fire risk assessor is in regular contact with the home in regard to the ongoing building works.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a monthly basis. 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 daily and weekly at present.

Areas for improvement

Two areas for improvement were identified. A requirement was made to ensure that competency and capability assessments are 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.

A recommendation was made to review the adult safeguarding policy to ensure it reflects the current regional guidance including the implementation of a safeguarding champion.

Number of requirements	1	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 three care records confirmed that these were maintained in line with the legislation and standards. They included a life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Two out of three care records reviewed did not contain an up to date assessment of needs. This element of a recommendation was stated for the second time.

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.

Records were stored safely and securely in line with data protection.

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 spoken with and observation of practice evidenced that staff were able to communicate effectively with residents.

Minutes of resident meetings were available for 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.

Areas for improvement

A recommendation was made for the second time to ensure that a robust system is implemented for the review of residents' assessments.

Number of requirements	0	Number of recommendations	1
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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.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Residents were supported to attend their preferred place of worship. End of life care plans were in place. Discussion with residents and review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents 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.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection residents were supported to go on an outing. Arrangements were in place for residents to maintain links with their friends, families and wider community. Families are encouraged to visit the home at any time.

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

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. Such systems included daily discussions, residents' meetings and the monthly monitoring visits. Regular residents meetings had been convened to ensure that residents were fully appraised as to the ongoing building work at the home. Records were also provided to reflect resident involvement in choosing furniture for their new environment.

The inspector met with eight residents during the inspection. All of the residents spoke on a positive basis about the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included:

- "The staff are very kind, if I have any problems I go to Delma. I am very happy here."
- "The food is really good in here."
- "We are going out on the bus today."
- "The staff are all very kind in here."

Some staff comments included:

- "We have a person centred approach and our aim is to uphold their human rights. We all communicate well together. Residents are offered choices on a daily basis. The residents are genuinely happy in here. There is good support among the staff team."
- "The residents are looked after very well, everything is catered for them. They have a right to do as they want in their own home. The residents are always involved."

Areas for improvement

No areas for improvement were identified during the inspection.

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. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

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.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A 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. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

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.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. 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. 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 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.

Areas for improvement

No areas for improvement were identified during the inspection.

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 Delma Mc Curry, registered 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 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

Statutory requirements

Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 20 October 2016	<p>The registered provider must ensure that competency and capability assessments are 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.</p> <p>Response by registered provider detailing the actions taken: The Competency and Capability Assessments for Senior Support Workers have been developed and commenced being utilised on 4/10/16.</p>
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Recommendations

Recommendation 1 Ref: Standard 20.2 Stated: Second time To be Completed by: 20 October 2016	<p>The registered person should ensure that a robust system is implemented for the review of residents' assessments.</p> <p>Response by registered provider detailing the actions taken: All sixteen residents Admission Information forms will be updated by Residential Workers and Senior Support workers by week ending 16th October 2016. Thereafter all Admission information forms will be updated annually prior to each residents Annual care review.</p>
Recommendation 2 Ref: Standard 21.5 Stated: First time To be completed by: 22 December 2016	<p>The registered provider should ensure the adult safeguarding policy is reviewed to reflect the current regional guidance including the implementation of a safeguarding champion.</p> <p>Response by registered provider detailing the actions taken: The organisation is currently reviewing its Adult Safeguarding policy and considering resources required and the appointment of a Safeguarding champion. Deadline completion of policy is 31/03/17.</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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