

Unannounced Care Inspection of

Beechway House

29 September 2015

1. Summary of inspection

An unannounced care inspection took place on 29 September 2015 from 10.30 to 16.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

One of these recommendations was stated for the second time.

The details of the QIP within this report were discussed with Delma Mc Curry, registered manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association	Registered Manager: Delma McCurry
Person in charge of the home at the time of inspection: Delma Mc Curry	Date manager registered: 08/09/2011
Categories of care: RC-LD, RC-LD(E)	Number of registered places: 16
Number of residents accommodated on day of inspection: 16	Weekly tariff at time of inspection: £470.00

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: the previous inspection report, returned QIP from last inspection and notifications of incidents and accidents.

We met with eleven residents, two care staff and the registered manager. Six resident questionnaires and eight staff questionnaires were returned to RQIA following the inspection.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments and policies and procedures available relating to continence management and death and dying.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 27 January 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 27 (4) (a)	The registered person shall have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed. <ul style="list-style-type: none"> The registered person shall ensure that an up to date fire risk assessment is completed. 	Met
	Action taken as confirmed during the inspection: A fire risk assessment dated 25 February 2015 was available in the home at the time of the inspection.	
Requirement 2 Ref: Regulation 29 (2) (3) (4) (c)	The registered person shall ensure that these unannounced visits are undertaken on a monthly basis and a record is available in the home for inspection.	Met
	Action taken as confirmed during the inspection: The record of the visits by the registered provider was available in the home. These records confirmed that the visits were undertaken on a monthly basis and were unannounced.	
Requirement 3 Ref: Regulation 27 (4) (e)	The registered person shall make arrangements for persons working at the home to receive suitable training, from a competent person, in fire prevention twice yearly.	Met
	Action taken as confirmed during the inspection: The record of fire training confirmed that staff had undertaken fire safety awareness training on 11 March 2015.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.1	It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following; <ul style="list-style-type: none"> DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) 	Not Met
	Action taken as confirmed during the inspection: This policy has not yet been updated at the time of this inspection. This will be stated for a second time.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The manager confirmed to us that residents can and do spend their final days in the home unless there are documented health care needs to prevent this. However we were informed by the registered manager that recent deaths of residents have occurred in the hospital.

The home has a spiritual ethos. Spiritual emblems were observed throughout the home. Clergy and lay ministers visit the home throughout the week on an organised basis.

The registered manager explained to us that in the event of caring for a dying resident, the staff would ensure that appropriate care plans and risk assessments were in place to manage the needs of that residents, for example nutrition, skin care, moving and handling etc.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so if the resident wishes. Following a death, the body of the deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the burial.

Is care effective? (Quality of management)

We noted that the home had written policies in place on caring for a dying/terminally ill resident and the death of a resident.

We noted that residents care records contained end of life wishes and instructions. The care records detailed the preferences of the resident or representative following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended.

Care records also contained an advanced care plan which was signed by the GP and the resident or their representative.

In our discussions with the registered manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care.

Training in end of life care was completed by five staff.

Is care compassionate? (Quality of care)

In our discussions with staff and the registered manager they shared their experiences of a death of a resident and subsequent wake in the home. Staff confirmed that the relatives were treated in a sensitive manner. Staff advised us that the relatives were given space and privacy during the wake. The residents were assisted to visit the resident both in hospital and during the wake in the home.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner.

Areas for improvement

There were no areas of improvement identified with the standard inspected. This standard was assessed to be safe, effective and compassionate. This standard was met.

Number of requirements:	0	Number of recommendations:	0
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed to reflect the changing needs of the resident. A care plan was in place for those with continence needs.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

Training has been completed by eleven staff members on the promotion and management of continence. In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as malodours or breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were available.

Is care effective? (Quality of Management)

We found that the home had a policy in place on the promotion and management of continence.

Staff were able to verify to us that any issues of assessed need are reported to the specialist continence services for advice and guidance.

Is care compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for improvement

There were no areas of improvement identified with the theme inspected. This theme was assessed to be safe, effective and compassionate. This theme was met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Additional areas examined

5.4.1 Residents views

We met with eleven residents. We observed residents relaxing in the communal lounge area. Five residents were going on an outing. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home.

They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. Residents advised us that there was good communication with staff and they are respectful during care interventions. Some comments made were:

- “The staff are very good, the food is good.”
- “It’s a nice place here, the staff are very nice.”
- “The staff are great, this is the best home I have ever been in.”
- “We go out to lots of different places.”
- “I am very happy, I love it here. The staff are very kind.”

Six resident questionnaires were returned to RQIA within the required timeframe. There were no concerns highlighted in the returned questionnaires.

5.4.2 Staff views

We spoke with two care staff members individually, in addition to the registered manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

- “The residents get the best care, the staff here are a good group and we work together as a team.”
- “I think the care is excellent, there is a good staff ratio.”

Ten staff questionnaires were distributed during the inspection and eight were returned within the required timeframe. There were no areas of concern highlighted in the returned questionnaires.

5.4.3 Relatives views

No relatives visited the home during the inspection.

5.4.4 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. Spiritual emblems were observed in resident's bedrooms.

5.4.5 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well dressed.

5.4.6 Accidents / incident reports

We reviewed accident/incident records from the previous inspection and found these to be appropriately managed and reported.

5.4.7 Fire safety

We confirmed that the home's most recent fire safety risk assessment was dated 25 February 2015.

We reviewed the fire safety records and could confirm that fire safety training was carried out on 25 June and 7 September 2015. The registered manager confirmed that a fire drill took place on 21 July 2015.

The records identified that different fire alarms were tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.4.8 Complaints /compliments Records

Following an inspection of complaint records and in our discussion with the registered manager we confirmed that complaints had been managed appropriately and satisfactorily resolved.

5.4.9 Care records

We reviewed resident care records. We found that one residents care plan lacked sufficient detail to inform and guide staff in regard to care need and intervention required. A recommendation was made to ensure that an up to date care plan is completed.

Areas for improvement

One recommendation was made to ensure that an up to date care plan is completed for one identified resident.

Number of requirements	0	Number recommendations:	1
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6. Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Delma Mc Curry, registered manager. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

No requirements were made at this inspection.

Recommendations

Recommendation 1 Ref: Standard 21.1 Stated: Second time To be completed by: 29 December 2015	It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following; <ul style="list-style-type: none">DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)		
	Response by Registered Person(s) Detailing the Actions Taken: Policy in relation to the management of behaviour has been outsourced to an external body to further develop it.		
Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: from the date of this inspection and ongoing	The registered person should ensure that an individual comprehensive care plan is drawn up for one identified resident.		
	Response by Registered Person(s) Detailing the Actions Taken: Individual comprehensive care plan completed on 5/10/15.		
Registered Manager Completing QIP	Delma McCurry	Date Completed	17/11/15
Registered Person Approving QIP	Yvonne Cassidy	Date Approved	17/11/15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	17.11.2015

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