

Unannounced Care Inspection Report

16 June 2016



Oriel House

Type of Service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 9448 8161
Inspector: John McAuley

1.0 Summary

An unannounced inspection of Oriel House took place on 16 June 2016 from 10:30 to 14:15 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were two areas of improvement identified with this domain.

A requirement was made to put in place a competency and capability assessment for any staff member with the responsibility of being in charge of the home in the absence of the registered manager, in line with legislation.

A recommendation was made that the fire safety risk assessment is updated by a competent fire safety assessor.

Is care effective?

No areas of improvement were identified within this domain. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, their representatives and staff.

Is care compassionate?

No areas of improvement were identified within this domain. There were examples of good practice found throughout the inspection in relation to staff interactions with residents, the homely environment, the provision of meals and the provision of activities.

Is the service well led?

No areas of improvement were identified within this domain. The main example of good practice in this domain was the registered manager's knowledge and understanding of role, legislation and standards and her enthusiasm to bring this forward. It was also good to note the role of the registered provider is doing actual shifts in the home on a weekly basis.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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 Hazel Rice the 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 type e.g. care inspection

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

2.0 Service details

Registered organization/registered provider: Teresa Thompson	Registered manager: Hazel Rice
Person in charge of the home at the time of inspection: Hazel Rice	Date manager registered: 6 January 2016
Categories of care: I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia PH - Physical disability other than sensory impairment	Number of registered places: 8
Weekly tariffs at time of inspection: £494	Number of residents accommodated at the time of inspection: 6 plus 1 resident at day care placement

3.0 Methods/processes

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

During the inspection the inspector met with six residents, two visiting relatives, one care assistant staff, the registered provider and the registered manager.

Six resident views, six representative views and six staff views questionnaires were left in the home for completion and return to RQIA.

The following records were examined during the inspection:

- Three residents' care records
- Duty rota for week beginning 15 June 2016
- Record of an induction programme
- Mandatory training records
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Two staff members' recruitment records.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 April 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at their next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 2 February 2016

No requirements or recommendations were made as a result of the previous care inspection.

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 or staff.

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

- 1 x registered manager
- 1 x care assistant
- 1 x cook
- 1 x domestic
- The registered provider was also in attendance for a period of time

These staffing levels were found to be appropriate to meet the assessed needs of residents, taking account of the size and layout of the home and fire safety requirements.

Inspection of two 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 confirmed that mandatory training was regularly provided. A matrix was in place that listed the dates of mandatory training received by staff. An inspection of this document found that mandatory training for staff was being maintained on an up to date basis.

A competency and capability assessment was not in place for any member of staff with the responsibility of being in charge in the absence of the registered manager. Advice was given in relation to how this should be developed and put in place. A requirement was made to ensure this assessment is put in place in line with legislation.

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. An inspection of two recently recruited staff members' files was undertaken. Evidence was in place to confirm that these staff members were recruited in line with legislation.

The registered manager had arrangements in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was dated April 2016. This included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The policy and procedure also included the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Discussions with the registered manager confirmed that a safeguarding champion was established and plans in place to proceed with this role. For example, safeguarding training will be enhanced with role play to facilitate learning. The registered manager was knowledgeable and had a good understanding of adult safeguarding principles. Staff had received their update training in safeguarding on 27 April 2016.

Staff were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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.

A general inspection of the home was undertaken which found the home clean and tidy with a good standard of décor and furnishings being maintained. New carpet had been installed in the corridors and large areas of the home were repainted. The overall appearance was akin to a domestic type setting.

There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that action plans were in place to reduce the risk where possible.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered.

The registered manager confirmed that 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 needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained from the multi-disciplinary team, prior to admission of residents to the home. Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

There was observed to be no obvious restrictive care practices in place.

The home's most recent fire safety risk assessment was dated 27 April 2016. This assessment was completed by the registered manager as was the previous assessment on 25 September 2015. The assessment was brief and did not make reference to the recommendations made at the previous 2014 assessment when this was completed by a fire safety assessor. A recommendation was made for the fire safety risk assessment to be updated by a competent fire safety assessor.

Review of staff training records confirmed that staff completed fire safety training on April 2016. Fire safety records identified that there were weekly checks in place for fire alarm systems.

Areas for improvement

There were two areas of improvement identified with this domain.

One requirement was made to put in place a competency and capability assessment for any staff member with the responsibility of being in charge of the home in the absence of the registered manager, in line with legislation.

A recommendation was made for the fire safety assessment to be updated by a competent fire safety assessor.

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

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

An inspection of three residents' care records confirmed that these were maintained in line with the legislation and standards. The care records included up to date assessment of needs, life history, risk assessments, care plans and daily / regular statement of health and well-being of the resident. Care records were 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 and care planning and review process, where appropriate. Discussions with two visiting relatives also confirmed this, with relatives stating that they felt it was a relief and pleasure to be involved and support the care of their relative. This is to be commended.

Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example discussions revealed how the involvement with one particular resident's family helped elevated an assessed need of low mood.

The three care records reflected multi-professional input into the residents' health and social care needs. This was recorded on both the daily notes and a medical record sheet.

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, the registered manager confirmed that audits were undertaken of care records and finances on a monthly basis, medication is audited daily and an audit is completed of each incident in the home. This information adds to the governance arrangements in place by the registered manager and any areas of improvement are acted upon accordingly.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

An inspection of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas of improvement were identified within this domain.

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

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

Discussion with staff confirmed that residents' spiritual and cultural needs were met.

The inspector met with six residents at the time of this inspection. All spoke on a positive basis about their life in the home, their relationship with staff and the provision of meals and the provision of activities. Some of the comments made included statements such as;

- "It is a very comfortable home to live in. I love the décor"
- "The staff are all very kind"
- "I like it here. They are all very good"

Observation of interactions found that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, and two visiting relatives confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were watching television, resting or enjoying the company of one another. A small group of residents were enjoying the afternoon of football on the television.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents' events in the community had recently been uploaded onto a Facebook page. The appropriate protocols of data protection for this had been incorporated into a policy for this. A visiting relative spoke positively about this provision stating that it added great reassurance to her that her relative was happy enjoying such events.

An appetising dinner time meal was provided for in a nicely appointed dining room. Discussions with the cook confirmed that she was knowledgeable about individual residents' likes and dislikes and she positively set out to ensure meals were an enjoyable experience.

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. Two visiting relatives spoken with praised the staff in the home and all the care provided to their relative.

There were systems in place to ensure that the views and opinions of residents were sought and taken into account in all matters affecting them. A record of residents meetings was available for inspection.

Areas for improvement

No areas of improvement were identified within this domain.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

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.

A range of policies and procedures were in place to guide and inform staff.

Residents and their representatives were made aware of the process of how to make a complaint by way of a poster which outlined the complaints procedure. Inspection of the complaints records established that there were arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Arrangements were in place to share information about complaints and compliments with staff. Records of compliments were also retained.

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.

Learning from accidents and incidents was disseminated to staff through discussion at staff meetings.

The registered provider visits the home on a regular basis and also works shifts on a weekly basis.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware 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 the home operated in accordance with the regulatory framework. Discussions with the registered manager found that she was knowledgeable about her role, legislation and standards. The registered manager explained how she had fitted into her role since being appointed and with enthusiasm explained plans she had in developing a quality assurance agenda for the home.

Inspection of the premises confirmed that the home's certificate of registration was displayed.

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

Areas for improvement

No areas of improvement were identified within 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 this QIP were discussed with Hazel Rice the 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 (Insert Service Type). 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 The DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to Care.Team@rqia.org.uk for review 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:
16 August 2016

The registered person must ensure a competency and capability assessment is completed for any staff member with the responsibility of being in charge of the home in the absence of the registered manager.

Response by registered provider detailing the actions taken:

All staff that has responsibility of being in charge of the home in the absence of the registered manager has now completed a competency and capability assessment. All staff have completed training and new recruits have completed and signed all their inductions forms and policies and competency assessments in-line with regulation 20 (3) and are available for inspection

Recommendations

Recommendation 1

Ref: Standard 29.1

Stated: First time

To be completed by:
16 September 2016

The registered person should seek to have the fire safety assessment updated by a competent fire safety assessor.

Response by registered provider detailing the actions taken:

The fire safety assessment has now been updated by a competent fire safety assessor in-line with standard 29.1. This assessment is now available for inspection

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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