

Unannounced Care Inspection Report 22 June 2017



Oriel House

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

www.rgia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home that provides accommodation for up to eight residents.

3.0 Service details

Registered organisation/registered person: Teresa Thompson	Registered manager: Josephine Linton (acting)
Person in charge of the home at the time of inspection: Josephine Linton	Date manager registered: Josephine Linton - application received - "registration pending".
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

4.0 Inspection summary

An unannounced care inspection took place on 22 June 2017 from 10.30 to 17.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, the internal environment and staff interactions with residents.

Areas requiring improvement were identified in relation to staff recruitment, fire safety checks, the external environment, the replacement of identified equipment and further development of identified care records.

Residents confirmed they were satisfied with the care in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Josephine Linton, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 24 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with seven residents, two staff, the registered provider and the manager.

A total of 11 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment files
- Three resident's care files
- Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 January 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 24 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 30(1) (c) Stated: First time To be completed by: 25 January 2017	The registered provider must ensure that incidents were emergency medical intervention was sought that RQIA are notified of this.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records maintained in the home showed RQIA were notified of incidents were emergency medical intervention was sought.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: 25 February 2017	The registered provider should make sure the record of the most recent care review to be maintained in the resident's active care file. This is to enhance the accessibility of these reports and to make sure that the reviews are up to date and that any agreed actions at the meetings are acted on.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of care records showed that records of the most recent care reviews were available.	

Area for improvement 2 Ref: Standard 20.15 Stated: First time To be completed by: 25 January 2017	The registered provider should clearly record in the accident / incident reports who was notified of the event and when, such as the resident's next of kin, aligned named worker and / or RQIA.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed these were completed appropriately.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The 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.

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

Review of completed induction records and discussion with the 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 was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

The 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. Samples of completed 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. Review of three recruitment records showed areas for improvement in relation to recruitment practices including ensuring the availability of two written references before commencement of employment and also to ensure the candidates experience and any gaps in employment are explored. Improvements are required to ensure compliance with regulations. Further to this the benefits of introducing a recruitment checklist was discussed with the manager, to thus ensure compliance with the minimum standards.

Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

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

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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.

The manager confirmed there were restrictive practices employed within the home, notably a keypad entry / exit system. Discussion with the manager regarding such a restriction confirmed it was appropriately assessed, documented, minimised and reviewed as required.

A policy and procedure was in place regarding infection prevention and control (IPC). 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.

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

The 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. It was noted two toilet chairs were in poor condition with rust evident on legs. These should be removed and replaced. This was identified as an area for improvement to comply with the standards.

Inspection of the external environment identified that there was a collection of wood, drawers, old furniture and boxes sitting at the back of the home. These should be removed and the general area tidied up to comply with standards.

The home had an up to date fire risk assessment in place dated July 2016 the manager confirmed all recommendations had been appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Review of fire safety records identified omissions regarding fire-fighting equipment and fire alarm system checks. The need to ensure fire safety checks were maintained on an up to date basis was discussed with the manager. This was identified as an area for improvement to ensure compliance with regulations.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and the internal environment.

Areas for improvement

Areas for improvement were identified in relation to recruitment practices, maintenance of fire safety checks, the replacement of equipment and the external environment.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

Three care records were reviewed 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. The manager confirmed all care records were being updated using new templates and this work was ongoing at the time of inspection. One area for improvement was discussed with the manager to comply with standards this included greater detail in the care plan regarding the management of an identified condition.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

The manager confirmed that arrangements were being implemented to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals through the introduction of a keyworker system and satisfaction questionnaires which were to be completed on a regular basis. These shall be followed up at a future inspection.

The 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, staff meetings and staff shift handovers. The 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.

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

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to ensuring greater detail in the identified residents care plan regarding the management of a specific condition.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the daily menu was displayed on a notice board in the dining room.

Residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected.

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

Discussion with staff, 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 for example a suggestion box was situated at the reception area of the home, annual reviews, as previously stated in section 6.5 of this report the manager was in the process of introducing regular satisfaction questionnaires for completion by residents and representatives.

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 for example going out for short walks, quizzes and games. At the time of the inspection residents were observed colouring, and relaxing watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I'm quite content, the food is good"
- "I like it here, I like the food"
- "We are getting on alright"

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from completed questionnaires were as follows:

- "I feel I am treated well enough all round"

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home. Following the inspection the registered provider and manager were invited to attend a meeting at RQIA offices to discuss the categories of care for which the home was registered to provide. Following this meeting the registered provider was advised to submit a variation application to RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed at the reception area of the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There were no new complaints reported since the previous inspection.

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.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. The manager was undertaking a Qualifications and Credit Framework (QCF) Level 5 qualification and other staff in the home were also undertaking further training.

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. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular updates and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

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

The 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.

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josephine Linton, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21, Schedule 2 Stated: First time To be completed by: 22 July 2017	<p>The registered person shall ensure all relevant information is obtained prior to commencement of employment in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Regulation 21, schedule 2 has now been met. All information has been obtained and is available for inspection.</p>
Area for improvement 2 Ref: Regulation 27.(4).(v) Stated: First time To be completed by: 23 June 2017	<p>The registered person shall ensure fire safety checks are completed regularly and maintained on an up to date basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Regulation 27 has now been met and is available for inspection. A monthly audit of fire checks is currently in place.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 19.3 Stated: First time To be completed by: 22 August 2017	<p>The registered person shall ensure a recruitment checklist is developed and implemented.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Standard 19.3 has been met and is ready for inspection. A recruitment checklist has been developed and implemented in staff files.</p>
Area for improvement 2 Ref: Standard 27.5, 27.8 Stated: First time To be completed by: 22 August 2017	<p>The registered person shall ensure the</p> <ul style="list-style-type: none"> • external environment is improved upon by removing the wood, drawers and boxes situated at the back of the home • identified toilet chairs are removed and replaced <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Standard 27.5 has been met and is now available for inspection. The Home's grounds are now maintained by a suitable person employed to maintain this standard. Standard 27.8 is in the process of being met. All referrals have been made to appropriate services for assessment.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure the identified care plan is updated to reflect greater detail regarding the management of the identified condition.</p> <p>Ref: 6.5</p>
<p>To be completed by: 22 July 2017</p>	<p>Response by registered person detailing the actions taken: Standard 6.2 has been met. More detailed information has been included in care plan for management of a certain condition.</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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