

Unannounced Care Inspection Report 24 January 2017



Oriel House

Type of service: Residential Care Home
Address: 30 Oriel Road, Antrim, BT41 4HP
Tel No: 028 94488161
Inspector: John McAuley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Oriel House took place on 24 January 2017 from 10:15 to 13:15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care 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 this inspection in relation to staff recruitment, induction, infection prevention and control and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout this inspection in relation to care records and issues of identified need having a recorded statement of care / treatment given and effect of same.

One area of improvement was identified in relation to the maintenance of care review records.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents, observations of staff interactions with residents, and the quality of the dinner time meal provided for.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements and working relations with staff.

Two areas for improvement were identified in relation to this domain. One was in respect of notification of accidents and incidents and the other in relation to recording of these events.

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 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 31 August 2016.

2.0 Service details

Registered organisation/registered person: Teresa Thompson	Registered manager: Josephine Linton
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

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with five residents, three members of staff and the manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training schedule/records

- One staff member's recruitment file.
- Resident's care files
- Complaints and compliments records
- Accident/incident/notifiable events register
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 31 August 2016.

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

4.2 Review of requirements and recommendations from the last care inspection dated 31 August 2016.

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 1 October 2016	The registered provider should seek to provide training for all care staff on stoma care.	Met
	Action taken as confirmed during the inspection: Training on stoma care has been provided for care staff.	
Recommendation 2 Ref: Standard 6.2 Stated: First time To be completed by: 1 October 2016	The registered provider should revise and update the identified care plan on stoma care, so it is detailed and informative in its prescribed care interventions.	Met
	Action taken as confirmed during the inspection: This care plan has been amended accordingly.	

4.3 Is care safe?

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.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Inspection of a completed induction record 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 confirmed that mandatory training of staff 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. A sample of a completed staff competency and capability assessments was inspected and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the manager and inspection of one staff member's personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

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

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

The adult safeguarding policy and procedure 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. A safeguarding champion has been established.

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. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

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. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. 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.

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's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Improvements to the upkeep of two residents' bedrooms were taking place at the time of this inspection with good effect.

Inspection of the internal environment found there were no obvious hazards to the health and safety of residents, visitors or staff

The home had an up to date fire risk assessment in place dated 27 July 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

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

An inspection of residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

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.

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

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, care reviews, residents' meetings, staff meetings and staff shift handovers. The records of care reviews were not maintained in an accessible manner to account that these were up to date and agreed actions dealt with. A recommendation was made for the record of the most recent care review to be maintained in the resident's active care file.

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

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

Areas for improvement

One area of improvement was identified in relation to the maintenance of care review records.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The inspector met with all the residents in the home at the time of this inspection, in accordance with their capabilities all confirmed that they were happy with their life in the home, their relationship with staff and the provision of meals. Some of the comments made included statements such as;

- “We couldn’t be any better looked after”
- “The staff are all friendly and kind”
- “Absolutely a great place to be in. I love the meals”.

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 were in place which supported the delivery of compassionate care. Discussion with residents and staff confirmed that residents’ spiritual and cultural needs, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of records in that issues of assessed need had a recorded statement of care / treatment given and effect of same.

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, such as discretion in verbal handover of information.

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, such as the provision of meals, with their likes and dislikes catered for. An appetising well-presented dinner time meal was provided for at the time of this inspection, in a nicely appointed dining room.

Discussion with residents and observations of care practices 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. These included day to day contact with management and care review meetings.

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. Discussions with the team leader identified that she had a strong interest in this role and described activities in the home that had taken place. At the time of this inspection residents were found to be relaxing comfortably watching television or enjoying the company of one another. Arrangements were also in place for residents to maintain links with their friends, families and wider community.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The manager confirmed that the 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 was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and information displayed. Discussion with the manager confirmed that she was knowledgeable about how to receive and deal with complaints. No complaints were reported to of been recently received.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection review of accidents/incidents/notifiable events identified that there were incidents where emergency medical intervention was sought and RQIA were not notified. A requirement was made in respect of this. A recommendation was also made for to clearly document in 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. The inspection of the accident / incident reports from 31 August 2016 found these incidents to be appropriately managed in terms of delivery of care,

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

There 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. There was evidence of managerial staff being provided with additional training in governance and leadership. The manager is currently undertaking the QCF Level 5 qualification and the team leader is undertaking NVQ Level 3 qualification.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Discussion with the manager identified that she had understanding of her role and responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home through actual working on the duty on a weekly basis.

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

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

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

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.

Areas for improvement

Two areas for improvement were identified in relation to this domain. One was in respect of notification of accidents and incidents and the other in relation to recording of these events.

Number of requirements	1	Number of recommendations	1
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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 Josephine Linton, 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

<p>Requirement 1</p> <p>Ref: Regulation 30(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>The registered provider must ensure that incidents where emergency medical intervention was sought that RQIA are notified of this.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>All incidents have been sent to RQIA with details involving any interventions where medical assistance had been sought in relation to Regulation 30(1)(c).</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2017</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Mrs W initial assessment was completed on 16th September 2016. The resident had consented for me to arrange a review meeting with her named social worker. All records and information is available for inspection in line with standard 20.15.</p>
<p>Recommendation 2</p> <p>Ref: Standard 20.15</p> <p>Stated: First time</p> <p>To be completed by: 25 January 2017</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>All incident reports in future will provide all information regarding who was notified, the event and any other persons who have been notified, next of kin, care manager and RQIA in line with standard 20.15.</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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